

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CAPITAL RESORTS CLUB, INC.

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida .		is	
•	nge is submitted for a corporation organized under the laws of the State of _ to change its registered office or registered agent, or both, in the State of F			
1. The name of th	ne corporation: Capital Resorts Club, Inc.			
2. The principal of	office address: 2685 Ulmerton Road Suite 101			
Clearwater, F	L 33762			
3. The mailing ad	ddress (if different): 9654 N. Kings Hwy Suite 101			
Myrtle Beach	n, SC 29572			
4. Date of incorpo	oration/qualification: 09/11/2013 Document number: N130000	008220		
	street address of the current registered agent and registered office on file witness of State: (If resigned, enter resigned)	ith the		
(CT CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROAD			
Į	PLANTATION, FL 33324	60	~>	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of	fice E	2019 FEB	T
_	Registered Agents Inc.		$\overline{\omega}$	1
	7901 4th St N STE 300	င်းရေး ကျွန်	AM	H
-	P.O. Box NOT acceptable	170. IIIS	ڢ	
<u>.</u>	St. Petersburg FL 33702	· H	27	
The street address as changed will be	ss of its registered office and the street address of the business office of it be identical.	s registered	l agen	t.,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an e board, or the corporation has been notified in writing of the change.	officer so		
<u> </u>	ry Shroff Amy Shroff, President			
-	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and compy duties, and I am familiar with and accept the obligation of my positions document is being filed merely to reflect a change in the registered officing the corporation has been notified in writing of this change.		red I	
Bee Ham	2/13/19			
Signs	ature of Registered Agent Date			
If signing on beh	half of an entity:			
Bill Havre				
Тур	ped or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)