N15000000116

(Re	questor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Office Use Only



800281911308

RA Change

02/15/16--01012--018 **35.00



A RAMSEY



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 11, 2016

Order#: 010118/018

Re: FLEX VACATIONS OWNERS ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corporation o	rganized under the laws of the State of FL egistered agent, or both, in the State of Florida.		
1. The name of 1	he corporation: FLEX VACATIONS	OWNERS ASSOCIATION, INC.		
• •	office address:IARCO CT, ORLANDO FL 32819			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/05/2015	Document number: N15000000116		
	I street address of the current registe tment of State: (If resigned, enter re-	red agent and registered office on file with the signed)		
	C T CORPORATION SYSTEM			
	1200 S. PINE ISLAND RD			
	PLANTATION	FL 33324 PS 6 FT		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company 1201 Havs Street			
	1201 Hays Street			
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,		
Such shange wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.		
Xie	Jill Cilmi, Vice President			
Ithereby accept Ifurther agree performance of agent. Or, if th hereby confirm	my duties, and I am familiar with a	statutes relative to the proper and complete and accept the obligation of my position as registered preflect a change in the registered office address. I		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	Asst. Vice President yped or Printed Name			
1	ypod or Finned Paine			

* * * FILING FEE: \$35.00 * * *