N15000 006 095

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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R. WHITE.

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Le Reve Master Association Inc	Le Reve Master Association Inc.					
50,201.		Name of Limited Liability Company					
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.				
Please r	return all correspondence concerning	this matter to t	he following:				
Th	Vago Franzese Name of Person						
Vacatio	n World Properties LLC						
**	Firm/Company						
6965 Pia	azza Grande Avenue,n Suite 401						
	Address		·				
Orlando	, FL 32835						
	City/State and Zip Cod	e					
Finance	@vworl.com						
E-	mail address: (to be used for future	annual report no	otification)				
For furt	her information concerning this mat	ter, please call:					
LInda R	amirez	407 at (270-6122				
	Name of Person	at (Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ing amount:					
	■ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INHS18	(2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	nme of the limited liability company: Le Reve Master A	ssociati	on			
2. (a)	6965 Piazza Grande Avenue, Ste 401, orlando FL 32835		(b) 6965 Piazza Grande Ave, Ste 401, Orlando. FL 32835			
2. (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limit (Note: MAY BE PO.		
	3/29/17	-	N15000006			
3.	Date of tiling/registration in Florida	4.		Document number		
5. (a)				_		
	Registered Agent and Registered Office shown on the records of 6972 Lake Gloria Blvd	the Floric	ia Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET)	_				
	Orlando . FL	32809		- -	2019	
(b)	Vacation World Properties LLC				를 -	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			~	-2	
	6965 Piazza Grande Avenue				- · · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address:			_		
	Suite 401			_	رن د	
	Orlando , FL	32835				
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members of icles of arganization or the operating agreement of the	register ability c of the lin limited	ed office an ompany, it i nited liabilit	nd the business offic- is hereby confirmed ty company or as oth	e of the registered that the change(s)	
=	ture of a member or authorized representative of a member	-		Printed or typed name	· ·	
provisi the obl to merc notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect ochange in the registered office address. It din writing of this change.	nertorn	unce at my	duties and Lam ion	niliar with and occopt	
Signatu	re of Registered Agent					