N15000011505

(Re	equestors Name)		
(Ac	ldress)		
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PICK-UP	WAIT	MAIL	
/Di	usiness Entity Nam	20)	
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(Do	ocument Number)		
Certified Copies	ified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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MR 15 SOU C PUCHVIK



CSC, - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 3, 2017

Order#: 750938/022

Re: LP VACATION SUITES OWNERS ASSOCIATION, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35....

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:Ami Casper c/o Corporation Service Company 251 Little Falls Drive

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 ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida	_
		registered agent, or both, in the State of Florida.	
1. The name of	the corporation: LP VACATION	SUITES OWNERS ASSOCIATION, INC.	
2. The principal	office address: 9501 Universal B	oulevard, Orlando, FL 32819	
3. The mailing a	address (if different): 5323 Milleni	a Lakes Boulevard, Suite 120, Orlando, FL 32839	
4. Date of incor	poration/qualification: 11/30/201	5Document number: N15000011505	
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Marc Neu		
	5323 Millenla Lakes Boulevard,	#120	
	Orlando, FL 32839		
6. The name and (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	AUG -
	Corporation Service Company		AM
	1201 Hays Street		ÿ.
		ox NOT seceptable	øn •D
	Tallahassee	FL 32301	
	_	street address of the business office of its registered ag	ent,
Such change was authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
MI	re of synthos or director	Marc New Secreta	<u>-</u> -
agent. Or, if this hereby confirm	my aures, ana i am jamiliar wiin	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	/
By:	neture of Registered Agent	08/02/2017 Date	_
If signing on bel	half of an entity:		
Ami M. Casper,	Asst. Vice President		
Ty	yped or Printed Name		

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

The street agent and great