N93000003317

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE OCI 15 2025				

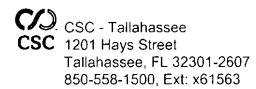




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RECEIVED
2025 OCT 15 AMII: 16



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna Godbolt@cscglobal.com

Ext: x61563 Date: 10/15/25 Order #: 4546360-1

Re: Bluegreen Vacation Club, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

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

-	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ				
•	r to change its registered office or regist				
I. The name of t	he corporation: BLUEGREEN VACATIO	ON CLUB, INC.			
2. The principal	office address: 4960 Conference Way N	l. Boca Raton, FL	33431		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 07/19/1993	Document r	number: <u>N9300000</u>	3317	
	street address of the current registered a tment of State: (If resigned, enter resigne		d office on file with t	the	
	CORPORATE CREATIONS NETWO	RK, INC.			
	801 US HIGHWAY 1			3181210 TT 1	
	NORTH PALM BEACH	FL	33408	3 UC 7	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	I /or registered office	141211 15 FH	
	Corporation Service Company			٠. ن	
	1201 Hays Street				
		NOT acceptable			
	Tallahassee	FL	32301		
The street addre	ss of its registered office and the street be identical.	address of the bus	siness office of its re	egistered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of d stified in writing o	lirectors or by an off the change.	icer so	
/S/ Melissa Ea		Melissa East	5	Secretary	
	e of an officer or director		ed or typed name and title		
corporation nas	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change n Service Company	d agree to act in t utes relative to the igation of my post e registered office	this capacity e proper and comple ition as registered a e address, I hereby c	ne performance gent. Or, if this confirm that the	
By: /S/ Grace Sign	e E, Kirby nature of Registered Agent	10/09/2025			
If signing on be	half of an entity:				
Grace E. Kirby -	Asst. Vice President				
Ty	ped or Printed Name				
	* * * FILING FI	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13) COA-564256