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N97000003995
Division of Corporations
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****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

**VACATION VILLAS AT FANTASYWORLD TWO TIMESHARE
OWNER'**

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

Help

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

1. The name of the corporation is: Vacation Villas at Fantasyworld Two Timeshare Owner's Association
2. The principal office address: 4999 KYNGS HEATH BLVD
KISSIMMEE FL 34746
3. The mailing address (if different): One Vance Gap Road Attn: Legal Dept.
Asheville NC 28805
4. Date of incorporation/qualification: 7/14/1997 Document Number: N97000003995
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.


11380 Prosperity Farms Road #221E

(P.O. Box Not acceptable)

Palm Beach Gardens FL 33410

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

By Donna Harrison, Attorney-in-Fact
(Printed or Typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/15/2017
(Date)

If signing on behalf of an entity:

Donna Harrison, Special Secretary
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32303

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 694-8107

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TALLAHASSEE, FLORIDA