## N9800004916

(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:				
J. HORNE JUN 1 4 2022				

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IVISION O SERVICE IN OUR

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 732116 8087058					
AUTHORIZATION: Spelle Rean					
COST LIMIT : \$ 35.00					
ORDER DATE : June 8, 2022					
ORDER TIME: 12:47 PM					
ORDER NO. : 732116-042					
CUSTOMER NO: 8087058					
~~ <b>~~~</b>					
CHANGE OF AGENT					
NAME: FESTIVA ORLANDO RESORT OWNERS ASSOCIATION, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					

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

statement of cha	ringe is submitted for a corpore	02, 617.0502, 607.1508, or 617.1508, Florida S ation organized under the laws of the State of $\frac{1}{2}$ we or registered agent, or both, in the State of Fi	-L	
1. The name of	the corporation: FESTIVA OR	LANDO RESORT OWNERS ASSOCIATION,	INC.	
		IS WAY, KISSIMMEE, FL 34747		
3. The mailing a	address (if different): C/O PATION	HOSPITALITY MANAGEMENT, INC. ONE VANCE GAP ROAD/ATTN: 1  1998 Document number: N980000	LEGAL DEPARTMENT, ASHEVILLE, NC 2880	
4. Date of incor	poration/qualification: 08/26/	1998 Document number: N980000	04916	
5. The name and		registered agent and registered office on file wit		
	CORPORATE CREATIONS	S NETWORK INC.		
	801 US HIGHWAY 1			
	NORTH PALM BEACH, FL	33408	2022 SE(	
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered offi	255 13 17 17 17 17 17 17 17 17 17 17 17 17 17	
	Corporation Service Compa	any		
	1201 Hays Street		S 1	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its	registered agent.	
Such change was authorized by the	as authorized by resolution di he board, or the corporation h	aly adopted by its board of directors or by an class been notified in writing of the change.	officer so	
X	ite & Comi	Jill Cilmi, Vice President		
Signatu	ne of an officer or director	Printed or typed name and titl	e	
I further agree i of my duties, an document is bei corporation has	to comply with the provisions nd I am familiar with and acc	d agent and agree to act in this capacity.  s of all statutes relative to the proper and come  ept the obligation of my position as registered  iange in the registered office address, I hereby  his change.	l agent. Or. if this	
	a t-Kubly	06/10/2022		
Sig	nature of Registered Agent	Date	<del></del>	
If signing on be	chalf of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name	<del></del>		

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