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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 700557 8461475				
AUTHORIZATION :				
COST LIMIT : \$ 35.0				
ORDER DATE: October 15, 2024				
ORDER TIME : 1:48 PM				
ORDER NO. : 700557-036				
CUSTOMER NO: 8461475				
CHANGE OF AGENT				
NAME: ORLANDO'S SUNSHINE RESORT II CONDOMINIUM ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Shauna Godbolt EXT#				
FYAMINED.				

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

statement of cha	nge is submitted for a corporation	17.0502, 607,1508, or 617,1508, Florida Stati a organized under the laws of the State of <u>FL</u> registered agent, or both, in the State of Flori	
1. The name of t	he corporation: ORLANDO'S SUN	ISHINE RESORT II CONDOMINIUM ASSOC	CIATION, INC.
2. The principal			
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 12/17/1998	Document number: N98000007	120
	I street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with thresigned)	ne
	CORPORATE CREATIONS NE	ETWORK INC.	
	801 US HIGHWAY 1		. 5
	NORTH PALM BEACH, FL 334	08	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	
	Corporation Service Company	<u> </u>	
	1201 Hays Street		. 10
	Tallahassee	P.O Box NOT acceptable FL 32301	
The street addre	ess of its registered office and the be identical.	street address of the business office of its reg	gistered agent.
Such change wa	as authorized by resolution duly a ne board, or the corporation has b	idopted by its board of directors or by an officen notified in writing of the change.	cer so
/s/Cynthia Taylor		Cynthia Taylor S	ecretary
Signatu	re of an officer or director	Printed or typed fiame and title	
I further agree i of my duties, an document is bei corporation has	to comply with the provisions of ϵ	tent and agree to act in this capacity, all statutes relative to the proper and complet he obligation of my position as registered age in the registered office address, I hereby callinge.	te performance ent. Or, if this onfirm that the
By: Unace C-Kuble Signature of Registered Agent		09/27/2024 Date	
	half of an entity:	TAILC	
	_		
	Asst. Vice President ped or Printed Name	-	
	•	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEAHASSEE, FL 32314
CR2E045 (04/13) 700557-36