

P01000102191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

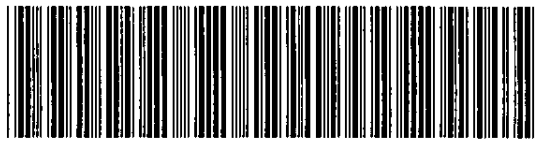
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Corrected document  
by telephone call  
to 11/5/08

Office Use Only



700137348617

11/03/08--01006--013 \*\*35.00

RO chy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 NOV -3 PM 1:24

T. Roberts NOV 05 2008

Vacation Property Resales, Inc

5406 Hoover Blvd Unit 4

Tampa, FL 33634

Amendment Section

Division Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Vacation Property Resales Doc# P01000102191

To whom it may concern:

This letter and information is to notify you that our company has moved. We have already completed the address change for the corporation but this is to change the address for the registered agents as well. Both the registered agents, Wesley Kogelman and Jason Hamilton, are at the updated address of 5406 Hoover Blvd Unit 4 Tampa FL 33634. If you have any questions please do not hesitate to ask. Thank you in advance for your assistance in the matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'Jason Hamilton', written over a horizontal line.

Jason Hamilton

President

Vacation Property Resales, Inc.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vacation Property Resales Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** PO1000102191

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Hamill

(Name of Contact Person)

Vacation Property Resales

(Firm/Company)

5406 Hoover Blvd unit 4

(Address)

TAMPA FL 33634

(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Hamill

(Name of Contact Person)

at ( 813 ) 494-3099

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vacation Property Resales, Inc.  
2. The principal office address: 5406 Hoover Blvd Unit 4  
TAMPA FL 33634  
3. The mailing address (if different): SAME  
4. Date of incorporation/qualification: 10/19/2001 Document number: P01000102191

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jasen D. Hamilton  
4811 W. GANDY Blvd Suite C  
Tampa FL 33611

FILED STATE  
SECRETARY OF CORPORATIONS  
08 NOV -3 PM 1:24

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

Jasen D. Hamilton  
5406 Hoover Blvd Unit 4  
(P.O. Box NOT acceptable)  
Tampa FL 33634

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]  
(Signature of an officer or director)

Jasen Hamilton / President  
(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]  
(Signature of Registered Agent)

10/28/08  
(Date)

If signing on behalf of an entity:

alkfjsaldkfj  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)