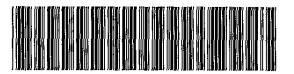
## P02000090396

(Re	equestor's Name)		
(Address)			
(Ac	idress)		
(Cit	ty/State/Zip/Phone	#)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Timeshare Transfer, In	c. (Name of corporation)
Page	• •
DOCUMENT NUMBER: P0200	0090396
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Joseph H. Beinhower	
(Name of pers	son)
Timeshare Transfer, Inc.	
(Name of firm/cor	mpany)
PO Box 609	·
(Address)	
Vero Beach, FL 32961-0609	
(City/state and zig	code)
For further information concerning	this matter, please call:
Joseph H. Beinhower	at ( 772 ) 299-1213
(Name of person)	at ( 772 ) 299-1213 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made p	ayable 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 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION

I, John E. Banks, Jr	, hereby resign as President (Title)		-	
ofTimeshare Transfer, Inc.		\$1.00 \$1.00 \$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$6.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00 \$4.00	02 00	,——
(Name of Corporati	ion)	2.H		- , + i
a corporation organized under the laws of the Sta	ate of Florida	ARY OF STATE SSEE, FLORID,	24 AM 8:1	
and affirm that the corporation has been notified	in writing of the resignation.	₩ ₩	Ţ	
(Signature of	resigning officer/director)	0-		

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314