

P040000086942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

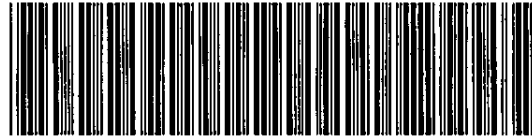
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AR
4/17/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESORTS NATIONWIDE, INC.
Name of Corporation

DOCUMENT NUMBER: P040000086942

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:

HARVEY M. ALPER

Name of Contact Person

LAW OFFICE OF HARVEY M. ALPER

Firm/Company

PO BX 162967

Address

ALTAMONTE SPRINGS, FL 32716-2967

City/State and Zip Code

ALPERLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVEY M. ALPER

Name of Contact Person

at **407 8690900**

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: RESORTS NATIONWIDE, INC.
2. The principal office address: 2110 N. DONNELLY, SUITE 105, MOUNT DORA, FLORIDA 32757
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 06/01/2004 Document number: P04000086942
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)

JAMES NOVILLO

140 W. FIFTH AVENUE, SUITE C

MOUNT DORA, FLORIDA 32757

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

JAMES NOVILLO

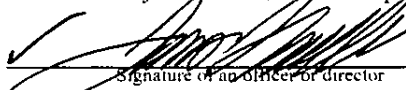
2110 N. DONNELLY, SUITE 105

P.O. Box NOT acceptable

MOUNT DORA, FLORIDA 32757

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.

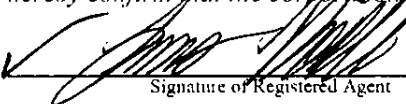


Signature of an officer or director

JAMES NOVILLO, PST

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

MARCH 20, 2014

Date

If signing on behalf of an entity:

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 (03/12)

FILED
2014 APR - 1 PM 4:04
DIVISION OF STATE
TALLAHASSEE, FLORIDA