P06000/40890

•
(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:

Office Use Only



200125816232

04/28/08--01041--014 **35.00

2000 APR 28 PM 3: 13
SECREMEY OF STATE

nachang Theres

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: AMERICAN LEISURE VACATIONS, INC.
2. The principal office address: 2460 SAND LAKE RD., ORLANDO, FL 32809
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/08/2006 Document number: P06000140890
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MICHAEL D. CROSBIE
2460 SAND LAKE RD.
ORLANDO, FL 32809 6. The name and street address of the new registered agent (if changed) and (or registered office
(if changed):
CFRA, LLC
CFRA, LLC 4221 W. BOY SCOUT BLVD., 10TH FLOOR (P.O. Box NOT acceptable)
TAMPA, FL 33607
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 office of director) Malcolm Wright Prisidat (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 myriting of this change.
Signature of Registered Agent) 0423/08 (Date)
If signing on behalf of an entity:
Soyce Fentilo (Typed or Printed Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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