

PO 9000037219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

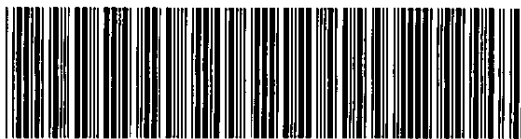
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Divine Vacations Inc.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Taylor  
Name of Person

Divine Vacations Inc.  
Firm/Company

8401 Lake Worth Rd Suite 128  
Address

Lake Worth FL 33467  
City/State and Zip Code

CJunker@Divinevacationsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Junker at (501) 459-4408  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: DEVINE VACATIONS, INC.
2. The principal office address: 8401 LAKE WORTH ROAD Suite 128  
LAKE WORTH, FL 33463
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 2009 Document number: \_\_\_\_\_
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)  
TERESA TAYLOR  
5851 Autumn Bridge Road  
LAKE WORTH, FL 33463

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

TERESA TAYLOR  
8401 LAKE WORTH ROAD Suite 128  
LAKE WORTH, FL 33467

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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

TERESA TAYLOR, OWNER & CEO  
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

July 29, 09  
Date

If signing on behalf of an entity:

TERESA TAYLOR  
Typed or Printed Name

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