P940000 28909

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE: 700557 8461475

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: October 15, 2024

ORDER TIME : 1:57 PM

ORDER NO. : 700557-061

CUSTOMER NO: 8461475

CHANGE OF AGENT

NAME: VACATION TRUST, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: ____

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

statement of cha	provisions of sections 607,0502, 617,0 inge is submitted for a corporation or ir to change its registered office or reg	ganized under the laws of the State	of_FL
1. The name of t	the corporation: VACATION TRUST,	INC.	
2. The principal			
6400 Congress	Avenue, Suite 2100 BOCA RATON	, FL 33487	
3. The mailing a	address (if different): P.O. Box #31074	42 BOCA RATON, FL 33431	
	poration/qualification: 04/12/1994		00028909
	I street address of the current registere tment of State: (If resigned, enter resi		e with the
	CORPORATE CREATIONS NETV	VORK INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH	FL 33408	
6. The name and (if changed):	l street address of the new registered a	ngent (if changed) and /or registered	l office .
	Corporation Service Company		\
	1201 Hays Street		Ę.
	PO	Box NOT acceptable	
	Tallahassee	FL 32301	<u></u>
The street addreas changed will	ess of its registered office and the str be identical.	eet address of the business office o	of its registered agent.
Such change wa authorized by tl	as authorized by resolution duly adop ne board, or the corporation has been	pted by its board of directors or by motified in writing of the change.	an officer so
/s/Cynthia T	aylor	Cynthia Taylor	Vice President
I hereby accept I further agree of of my duties, an document is bei corporation has	te of an officer of director the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan n Service Company	statutes relative to the proper and c obligation of my position as regist of the registered office address. I he	complete performance
By: 人心	nature of Registered Agent	10/11/2024 Date	
·	chalf of an entity:		
	Asst. Vice President		
	•	FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314 CR2E045 (04/13) 700557-61