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(((H09000179987 3)))



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Division of Corporations

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From:

Account Name : FOLEY & LARDNER

Account Number : I19980000047

Phone

: (407)423-7656

Fax Number

: (407)648-1743

REGISTERED AGENT CHANGE

AMBER VACATION REALTY, INC.

FIVE	AM 8: 00	OF STATE
RECEI	1009 AUG 11	SECRETARY (

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Document prepared by: Carol Borglum

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8/11/2009



T-550 P.002/002 F-577 **H09000179987 3**

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora ir to change its registered offic	ition organized	under the laws of the State o	f Florida		
	the corporation: Amber Va	·	· · · · · · · · · · · · · · · · · · ·			
2. The principal office address: 700 West Granada Blvd., Suite 201, Ormond Beach, FL 32174						
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification:4/	24/1995	Document number:	P95000031935		
	d street address of the current r rument of State: (If resigned, er		and registered office on file	with the		
	A.G.C. Co.					
	200 South Orange Avenue, Suite 2300					
	Orlando, Florida 32801			1009 A SECF ALLA		
6. The name and (if changed):	d street address of the new regi	istered agent (if	changed) and /or registered	office office		
	F&L Corp.			- E.F.		
One Independent Drive, Suite 1300						
	Jacksonville, Florida 32202-5017					
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 w authorized by t	as authorized by resolution d he board, or the corporation h	uly adopted by as been notifie	its board of directors or by d in writing of the change.	an officer so		
Moh2:	re of an officer or director		Stacy Robbins	nd title		
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registere to comply with the provisions nd I am familiar with and acc ing filed merely to reflect a ci s oven notified in writing of t	ed agent and ages of all statutes ept the obligation the re- hange in the re- his change.	ree to act in this capacity. relative to the proper and c ion of my position as regist gistered office address, I he	complete performance ered agent. Or, if this ereby confirm that the		
F&L Corp.	inature of Regulatered Agent	·	8/10/09 Date			
If signing on behalf of an entity:						
	anders, Authorized Age Typed or Printed Name	nt				
* * * 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 (8/05)