Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CHARTHOUSE SUITES VACATION OWNERSHIP, INC.

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Corporate Filing Menu

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12/29/2011

COVER LETTER

TO: Amendmer Division of	nt Section f Corporations					
SUBJECT:	CHARTHOUSE SUITES VACATION OWNERSHIP, INC.					
Name of Corporation						
DOCUMENT NU	MBER:	011				
The enclosed States	ment of Change of Registered Office/Agent	and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Michael Sweet					
Name of Contact Person						
Decade Group						
,	Firm/Company					
	13555 BISHOPS COURT SUITE 345					
	Address					
	DD0042121 D 53 620	nAc Y kg				
	BROOKFIELD WI 53005 US City/State and Zip Code					
	msweet@docadegroup.com					
_	E-mail address: (to be used for future at	nnual report notification)				
For further information concerning this matter, please call:						
	Michael Sweet	262 797 -9 215				
Nan	ne of Contact Person A	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				

CR2E045 (8/05)

FLASS - 47/23/2809 C T System Online

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

statement of cha	inge is submitted for a co	rporution organiz	607.1508, or 617.1508, Florida ed under the laws of the State of <u>.</u> ed agent, or both, in the State of I	Florida
1. The name of	СНАВТТ	iouse suites v	ACATION OWNERSHIP, INC.	
3. The mailing a	ddress (if different): 135	55 BISHOPS COU	rt suite 345 brookfield wi	53005
4. Date of incoη	coration/qualification:	04/16/1996	Document number:	P960000330H
	street address of the cur tment of State: (If resign		nnt and registered office on file wi	th the
	NAPLES-LAWDOCK,	NC.		E.Y.
	1395 PANTHER LANE	SUITE 300		7
	NAPLES FL 34109 US			- -
6. The name and (if changed):	Street address of the nev C T Corporation System	v registered agent	(if changed) and /or registered of	lice
	c/o C T Corporation Syst			_
	Plantation, Florida 33324	P.O. Box NOT:	account bit	_
The street address changed will	ss of its registered offic be identical.	e and the street a	ddress of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolutive board, or the corporation	on duly adopted ion has been noti	by its board of directors or by an fied in writing of the change.	officer so
A STATE OF THE PARTY OF THE PAR			- Michael Sweet, Secr	ethry
	of wetwer or division the appointment as reg to comply with the provi a I am familiar with an ing filed merely to reflec been notified in writing	istered agent and slons of all statut accept the oblig t a change in the g of this change.	agree to act in this capacity, es relative to the proper and con ation of my position as registere registered office address, I here	
By:	Corporation System Registered Agent	beaca Ba	12/29/2011 Date	
If signing on be	half of an entity:			
Rebecca B	arth, Assistar	t Secretar	Ţ	
- T	yped or Printed Name		•	
* * * FILING FEE: \$35.00 * * *				
M CR2E045 (8/05)	MAKE CHECKS ! ALL TO: DIVISION OF CO	PAYABLE TO PLOS PRPORATIONS, P.C	uda Department of State D. Box 6327, Tallahassee, FL	32314

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