7960000 530 19

(Pe	equestor's Name)		
(Ne	equesions warner		
(A-	(-1		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer		
Cpedia manadana te i ming emeer.			

Office Use Only



300281911193

02/15/16--01012--007 **35.00

C. CARROTHERS

SECRETARY OF STATE

Olfer Is Ann



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 11, 2016

Order#: 010118/072

Re: STARWOOD VACATION OWNERSHIP PORTFOLIO SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the	provisions of sections 607.0502, 6	517.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of cha	inge is submitted for a corporation	n organized under the laws of the State of FL
in orde	r to change its registered office or	r registered agent, or both, in the State of Florida.
1. The name of t	he corporation: STARWOOD VA	CATION OWNERSHIP PORTFOLIO SERVICES, INC.
2. The principal	office address:	
9002 SAN M	IARCO COURT, ORLANDO FL 3	32819
3. The mailing a	ddress (if different): 15147 N. So	cottsdale Road, Suite H-210, Scottsdale, AZ 85254
A Date of incorr	poration/qualification: 06/21/1996	6 Document number: P96000053019
	istreet address of the current registing the timent of State: (If resigned, enter	stered agent and registered office on file with the resigned)
_F	CT CORPORATION SYSTEM	
	CT CORPORATION STSTEW	
	1200 SOUTH PINE ISLAND RO	AD ASS
	PLANTATION	FL 33324 FEB 75
6. The name and (if changed):	d street address of the new register	rea agent Lit changeat and for registered office - 75
	Corporation Service Company	F STATE CORDS
	1201 Hays Street	.
		Box NOT acceptable
	Tallahassee	FL 32301
The street addre	ess of its registered office and the be identical.	e street address of the business office of its registered agent,
Specifichange wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so seen notified in writing of the change.
X el	2 GONES	Jill Cilmi, Vice President
Signatu	re of an officer or director	Printed or typed name and title
L further agree i performance of agent. Or, if thi hereby confirm	to comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I tified in writing of this change.
By Inc	ree Cokubi	P 02/10/2016
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Grace E. Kirby,	Asst. Vice President	
	yped or Printed Name	

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