

PQ1000070220

(Requestor's Name)

(Address)

(Address)

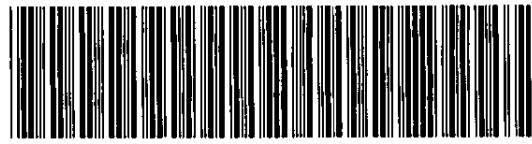
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



000251923290

RA
Chase

09/30/13--01004--019 ***35.00

RECEIVED
DEPARTMENT OF STATE
REGISTRATION
SECTION
16 ACT NOW
SUPERIOR COURT
FILING

FILED

2013 SEP 30 PM 1:12
REGISTRATION
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

Office Use Only

10/30/13
B/9

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173**

**FILING COVER SHEET
ACCT. #FCA-23**

CONTACT: MICHELE HOLDEN

DATE: 09/27/2013

REF. #: 8909441

CORP. NAME: KEY WEST MALLORY RESORT, INC.

ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION

STATE FEES PREPAID WITH CHECK# 70007126 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

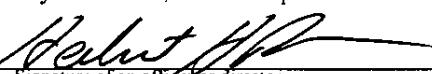
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

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: KEY WEST COCONUT MALLORY RESORT, INC.
2. The principal office address: 3626 Quadrangle Blvd., Suite 300
Orlando, FL 32817
3. The mailing address (if different): One Vance Gap Road, Attn: Legal Dept.
Asheville, NC 28805
4. Date of incorporation/qualification: 08/13/1997 Document number: P97000070220
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)
KOSMAS, JAMES MESQ
111 LIVE OAK STREET
NEW SMYRNA BEACH, FL 32168
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
P.O. Box NOT acceptable
PLANTATION, FL 33324

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.

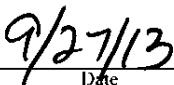

Signature of an officer or director

HERBERT H. PATRICK, JR., PRESIDENT

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 of Registered Agent


Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT

Typed or Printed Name

*** * * 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 (03/12)

FILED
2013 SEP 30 PM 1:12