

P97000070220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

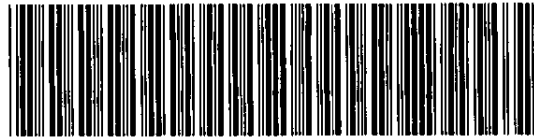
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 SEP 30 AM 9:41  
TO BE FILED  
SUFFICIENCY OF FILING

FILED  
2013 SEP 30 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ASR  
9/30/13

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.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| (XX) OTHER: CHANGE OF REGISTERED AGENT               |   |  |

STATE FEES PREPAID WITH CHECK# 70007726 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |                         |
|--|---|-------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |
| <input type="checkbox"/> 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

9/27/13  
Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT  
Typed or Printed Name

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

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