P97000092037

Document Number Only

CT Corporation Sys 660 East Jefferson Tallahassee, FL 323 850-222-1092	Street 1 01	DATE: 8 / 18 / 18 / 18 / 18 / 18 / 18 / 18 /
Uprention works, 2	<u> </u>	
()Profit ()Nonprofit	()Amendment	()Merger
()Foreign ()LLC	()Dissolution ()Withdrawal	()Mark
()Limited Partnership ()Reinstatement ()UCC () 1 or () 3	()UBR ()Fititious Name	()Other Ch. RA
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Jeffrey Butterfield

Thank You!

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.05		, Florida Statutes, the		
undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.				
1. The name of the corporation is: <u>VACATIONWORKS</u> , IN	C.			
2. The mailing address of the corporation is: PO Box 2219	7, Lake Buena Vista, FL 32803	3-2197		
3. Date of incorporation/qualification: 10-27-97	Document number:	P98000096423		
4. The name and address of the current registered agent a	nd office:			
Corporation Service Company		Tage to		
1201 Hays Street	· · · · · · · · · · · · · · · · · · ·	DO AUG		
Tallahassee, FL 32301		5 5		
5. The name and address of the new registered agent and	office: (P. O. Box Not Acc			
CT Corporation System				
1200 S. Pine Island Road				
Plantation, FL 33324		2 10 10		
The street address of its registered office and the street agent, as changed, will be identical.		-		
Such change was authorized by resolution duly adopte authorized by the board. vacation works, Inc.	d by its board of directors	or by an officer so		
vacationWorks, Inc. BY:	96.	-9-60		
(Signature of an officer, chairman or vice chairman of t	he board)	(Date)		
Susan Werth, Senior VP/Law, Secretar	: :			
(Printed or typed name and title)		(Date)		
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regis I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent.	tered agent and agree to a tutes relative to the prope	ct in this capacity. r and complete		
	8/1	6/00		
(Signature of Registered Agent)	(L	Pate)		
If signing on behalf of an entity: PETER F. SOUZ ASSISTANT SECRETARY				
(Typed or Printed Name)	(Capac	ity)		
CR2E045(4/95)		FILING FEE: \$35.00		