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16082372310 From: CLS-CTSB-BFI BFI Processing Fax

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## A180001535223

## 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 Stanues, 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: RESORTS ADVANTAGE LTD., INC.

9500 S. Dadeland Blyd #200, Miami, Florida 33156 2. The principal office address:

3. The mailing address (if different):\_

10/4/1990 4. Date of incorporation/qualification;

\_ Document number: \_ S03833

5. The name and succi address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DIAZ-CORTES, RAFAEL

9500 S DADELAND BLVD 300

MIAME, FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed);

**Business Filings Incorporated** 

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 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 carporation has been notified in writing of the change.

Rafael Diaz-Cortes, President Prissed or typed name and lifte

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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 dulies, 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.

Mahl

9th day of May, 2018

Signature of Registered Agent

Date

If signing on behalf of an entity:

Mark Williams, AVP

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)