598549

(Reque	estor's Name)	
(Addre	ss)	
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(Docur	ment Number)
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446				
WALK-IN	OFFICE USE ONLY			
ENTITY NAME:				
WILSON RESORT MANEGEMNT CORP.				
CK# 340607				
AMOUNT \$35.00				
PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETUI FOLLOWING:	RN THE			
CERTIFIED COPY				
XX STAMPED COPY				

CERTIFICATE OF STATUS

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

of cha	inge is submitted for a corporation	7.0502, 617.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of Florida	in order to				
cnang (ge its registerea office or registerea	agent, or both, in the State of Florida.	2008 Sec				
1.	The name of the corporation:	Wilson Resort Management Corp.					
2.	The principal office address:	8505 West Irlo Bronson Memorial Hwy,	L 18 ASSE				
		Kissimmee, FL 34747					
3.	The mailing address (if different):					
	The maning dates; (it different	,	<u> </u>				
4.	Date of incorporation/qualificati	incorporation/qualification: 12/06/1991 Document number: S98549					
5.	le with the Florida						
	8505 West Irlo Bronson Memorial Hwy,						
	Kissimmee, FL 34747						
6.	The name and street address of the new registered agent (if changed) and for registered office (if changed):						
	NRAI Services, Inc.	NRAI Services, Inc.					
	2731 Executive Park Drive, Suite 4						
	Weston, FL 33331	(P.O. Sox NOT acceptable)					
chang Such	ged will be identical.	and the street address of the business office of its region duly adopted by its board of directors or by an office in writing of the change.	-				
		-					
	(Signature of an officer or director)	Michael J. Thompson, Senior V (Printed or typed					
I furth duties being	her agree to comply with the provisi s, and I am familiar with and accept	ered agent and agree to act in this capacity ons of all statutes relative to the proper and complete the obligation of my positron as registered agent. Or he registered office address, I hereby confirm that the	if this document is				
If sign	ning on behalf of an entity:						
<u>Steph</u>	anie Thomas, Special Asst. (Typed or Printed Name)						