Division of Corporations Public Access System

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From:

Account Name : C T CORPORATION SYSTEM

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Phone

1 (850)222-1092

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REGISTERED AGENT CHANGE

SANDPIPER GULF RESORT, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisition liability company submit agent, or both, in the Sta	ons of sections bits the following s its of Florida.	08.416 or 608.508, Florida Statute totement in order to change its regi	s, the undersigned limited stered office or registered
1. The name of the limit	ted liability compr	my is: Sandpiper Gulf Resort, LLC	
2. The mailing address of	of the limited liab	ility company is : 4001 Temismi Tmil ?	7, Suite 350
Naples, FL 34103			-
03/30/2000		1.00000003645	
3. Date of filing/registra	tion in Florida	4. Document mu	mber
5. The name of the regist Florida Department of		e registered office address as shown	on the records of the
	James D. Vogel		_
		Name.	
	3936 Tamiemi Tra		_
		Address	700
	Naples FL 34103	City, State and Zip	
		•	
5. The name and address) of the new regist	tered agent and/or office:	FILED O4 JUL 27 AM 8: 53 SEUTATIANSSEE, FLORIDA
	CT Corporation S		
		Name	
	1200 South Pinc L		For St.
	florida street	address (P.O. Box NOT acceptable)	SDA SS
	Plantation	FL 33324	
	Į.	City, State and Zip	
and the business office of liability company, it is he	change or changer of the registered as ereby confirmed to be diability compa of the limited ligh	mized under the laws of the State of its are made, the Florida street address gent will be identical. Or, in the case hat the change(s) was/were suthorize any or as otherwise provided in the solitity company. i a member)	of the registered office of a Florida limited d by an affirmative vote of
(Printed or typed name of signer	LVND		
I hereby accept the applicantly with the provision and I am familiar with a	ointment as registe instel all statules in no accept the obli- this document in in that the limited PETI	ered agent and agree to act in this co relative to the proper and complete p igations of my position as registered being filed to merely reflect a chang liability company has been notified i ER F. SOUZA	erjormance of my duties, agent as penvided for in
	'/	ons, P.O. Box 6327, Tallahamee, FI	. 32314
DNH518(10/99)		FILING FEE: \$25.00	

TOTAL P.02

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