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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|---------|--|---|-------|--|--|--|
| SHRII | ECT: | Heartz Golf, LLC | | | | |
| SUBJE | | Name of Limited Liability Company | | | | |
| Dear S | ir or Madam: | | | | | |
| The en | closed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | | | | |
| Please | return all correspondence concerning this n | natter to the following: | | | | |
| | Sonia Becerra | | | | | |
| | Name of Person | | | | | |
| | Swyft Filings | | | | | |
| | Firm/Company | | | | | |
| | 515 Post Oak Blvd. #300 | | | | | |
| | Address | | | | | |
| | Houston, TX 77027 | | | | | |
| | City/State and Zip Code | | | | | |
| | filings@swyftfilings.com | | | | | |
| Ē | -mail address: (to be used for future annual | report notification) | | | | |
| For fur | ther information concerning this matter, ple | ase call: | | | | |
| | Sonia Becerra | at (877)777-0450 | | | | |
| | Name of Person | Area Code & Daytime Telephone | Numbe | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| | Enclosed is a check for the following am | ount: | | | | |

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

| 1. Na | me of the limited liability company: | Heartz Golf, LLC | |
|--|--|---|--|
| 2. (a) | | (b) | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 145 BRITTANY LN | | |
| | PALM COAST, FL 32137 | | |
| | 03/15/2016 | L160000 | 052667 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records INCORP SERVICES, INC. | of the Florida Dept. of S | tate: |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | |
| | 17888 67TH COURT NORTH | | |
| | LOXAHATCHEE | 33470 FL_ | 19 A |
| 40.5 | | | - A B Ti |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | red Office address: | - SS |
| | LegalCorp Solutions, LLC | | ED MIO: 30 STATE OF CORIDA |
| | NEW Registered Office Address: | | |
| | 3440 W Hollywood Blvd. Suite 415 | | |
| | Hollywood | 33021 | |
| the cha agent v was/w | imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the | of the registered off l liability company, its s of the limited liabi | fice and the business office of the registered it is hereby confirmed that the change(s) lifty company or as otherwise provided in |
| X Signa | iture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provis the obi to mer notifie | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change. | | |
| Signati | Travis Crabtree, OBO Leg | alCorp Solutions, L | LC |
| | | | |

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