

m1200000dd5

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

☐ MAIL

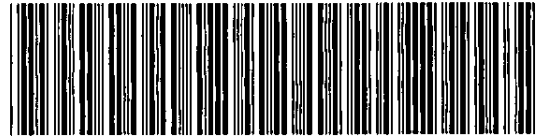
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
RECEIVED  
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14 NOV -5 PM 9:05  
14 NOV -5 PM 4:30

RA/RD/ch 8  
10. 11. 6. 14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 365300 7385716

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 55.00

ORDER DATE : November 4, 2014

ORDER TIME : 3:24 PM

ORDER NO. : 365300-020

CUSTOMER NO: 7385716

CHANGE OF AGENT

NAME: SEQUOIA GOLF MANAGEMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY

CONTACT PERSON: Camille Silva

EXAMINER'S INITIALS:

*[Handwritten initials "CS" inside a circle]*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEQUOIA GOLF MANAGEMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

Laine.Schroeder@Clubcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ( )

Area Code & Daytime Telephone Number

**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 amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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

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

1. Name of the limited liability company: Sequoia Golf Management LLC

2. (a) 3030 LBJ Freeway, Suite 600  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

Dallas, TX 75234

3. November 30, 2012 Date of filing/registration in Florida

4. M12000006665 Document number

5. (a) CT Corporation System  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD  
Plantation, FL 33324

(b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1201 Hays Street  
NEW Registered Office Address:  
\_\_\_\_\_  
Tallahassee, FL 32301

FILED  
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DIVISION OF CORPORATIONS  
14 NOV -5 PM 9:51

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ingrid J. Keiser  
Signature of a member or authorized representative of a member

Ingrid J. Keiser, Manager  
Printed or typed name of signee

*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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Courtney Williams  
Signature of Registered Agent Corporation Service Company BY: Courtney Williams  
Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00