•		CLUB, INC.		y of State 1592335
Current Mai	iling Address:			
			Certificate of Status Desired: No	
SHANE, RIXON 701 MARKET S SUITE 111 #50 ST. AUGUSTIN	M STREET 039			
0.17100000	NE, TE 52035 05			
	d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Fl	lorida.
The above name		ng its registered office or regis	tered agent, or both, in the State of Fl	lorida. 02/19/2018
The above name	d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Fi	
The above name SIGNATURI	d entity submits this statement for the purpose of changir E: SHANE RIXOM	ng its registered office or regis	tered agent, or both, in the State of Fi	02/19/2018
The above name SIGNATURI	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Fi	02/19/2018
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent			02/19/2018
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR	Title	DIRECTOR	02/19/2018
The above name SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR BRAUN, K.C. 804 13TH AVENUE N	Title Name	DIRECTOR GRAY, JOSH 3403 EMAN DR.	02/19/2018
The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR BRAUN, K.C. 804 13TH AVENUE N	Title Name Address	DIRECTOR GRAY, JOSH 3403 EMAN DR.	02/19/2018
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR BRAUN, K.C. 804 13TH AVENUE N JACKSONVILLE BEACH FL 32250	Title Name Address	DIRECTOR GRAY, JOSH 3403 EMAN DR.	02/19/2018
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR BRAUN, K.C. 804 13TH AVENUE N JACKSONVILLE BEACH FL 32250 TREASURER, DIRECTOR	Title Name Address	DIRECTOR GRAY, JOSH 3403 EMAN DR.	02/19/2018
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	d entity submits this statement for the purpose of changin E: SHANE RIXOM Electronic Signature of Registered Agent Ctor Detail : DIRECTOR BRAUN, K.C. 804 13TH AVENUE N JACKSONVILLE BEACH FL 32250 TREASURER, DIRECTOR RIXOM, SHANE 20206 CLIFTON RIDGE RD.	Title Name Address	DIRECTOR GRAY, JOSH 3403 EMAN DR.	02/19/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANE RIXOM

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/19/2018

FILED Feb 19, 2018

Date

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749535