T ())				
The above name	I entity submits this statement for the purpose of cha	nging its registered office or regisi	ered agent, or both, in the	
SIGNATURE	E:			
	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
Title	PRESIDENT, MANAGER	Title	VP, MANAGER	
Name	FERRAO, AUBREY J.	Name	PARISI, JOSEPH L	
Address	8156 FIDDLER'S CREEK PARKWAY	Address	8156 FIDDLER'S CRE	
City-State-Zip:	NAPLES FL 34114	City-State-Zip:	NAPLES FL 34114	
Title		Title	SECRETARY. MANA	
Title	TREASURER, MANAGER	nue	SECKLIAKT, MANA	
Name	FERRAO, DANIEL A	Name	BOWERS, LORA	

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

City-State-Zip: NAPLES FL 34114

DOCUMENT# L11000100735

Entity Name: FCC GOLF CLUB, LLC

Current Principal Place of Business:

8156 FIDDLER'S CREEK PARKWAY NAPLES. FL 34114

Current Mailing Address:

8156 FIDDLER'S CREEK PARKWAY NAPLES. FL 34114 US

FEI Number: 03-0509355

8156 FIDDLER'S CREEK PARKWAY

Certificate of Status Desired: No

CREEK PARKWAY

The ab in the State of Florida.

Address

Date

Title	SECRETARY, MANAGER
Name	BOWERS, LORA
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH L. PARISI

VICE PRESIDENT

06/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date