(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
J. Dennis
12.12.24
J. Dennis 12.12.24

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800439050848

2024 DEC 12 AM 9: 02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 60 age is submitted for a corporation organized	under the laws of the State of Florida
	to change its registered office or registered Junglepolf of Fort Myers, Inc.	agent, or both, in the State of Florida.
1. The name of t	he corporation: Junglegolf of Fort Myers, Inc.	MYEDS RCH EL 33031
2. The principal	office address: 17710 SAN CARLOS BLVDFT	WITCKS DOTT, 11 33731
3. The mailing a	ddress (if different): 3072 Clearwater TrailStea	inboat Springs, CO 80487
4. Date of incorp	oration/qualification: 05/17/1977	Document number: 534241
5. The name and	street address of the current registered agent tment of State: (If resigned, enter resigned)	
	CORPORATION COMPANY OF ORLANDO	
	300 SOUTH ORANGE AVENUE	
	SUITE 1600 ORLANDO, FL 3280	2024 1 SEC
6. The name and (if changed):	street address of the new registered agent (if	changed) and /or registered office 12 AH 9: 02
	C T Corporation System	OF S
	1200 South Pine Island Road	9: 0
	P.O. Box NO. Plantation, Florida 33324	Tacceptable Prin N
The street address changed will	ess of its registered office and the street addr be identical.	ess of the business office of its registered agent.
Such change was authorized by the	is authorized by resolution duly adopted by the board, or the corporation has been notifie	its board of directors or by an officer so d in writing of the change.
∖</td <td>∕ Jo</td> <td>nnifer Lee, Secretary</td>	∕ Jo	nnifer Lee, Secretary
	of an officer or director	Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has C T Corporation	been notified in writing of this change.	ree to act in this capacity. relative to the proper and complete performanc on of my position as registered agent. Or, if thi gistered office address, I hereby confirm that the
Sterkam	e Moncy Stephanie Hencz, Assistant Secretary	12/11/2024
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
747	and or Bristod Visso	
l	yped or Printed Name * * * FILING FFF: 9	\$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: