

# 743502

Division of Corporations

Fax Audit No. H19000309474 3

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON  
Account Number : 076376001555  
Phone : (803)255-9617  
Fax Number : (561)433-7321

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: michelle.tanzer@nelsonmullins.com

REGISTERED AGENT CHANGE  
EASTPOINTE COUNTRY CLUB, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: EASTPOINTE COUNTRY CLUB, INC.
2. The principal office address: 13535 EASTPOINTE BLVD. PALM BEACH GARDENS, FL 33418
3. The mailing address (if different):

4. Date of incorporation/qualification: 07/07/1978 Document number: 743502

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MICHELLE TANZER
13535 EAST POINTE BLVD
PALM BEACH GARDENS, FL 33418

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

MICHELLE TANZER
C/O NELSON MULLINS BROAD AND CASSEL
P.O. Box NOT acceptable
1905 NW Corporate Blvd, Suite 310, Boca Raton, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director (Handwritten signature of Paul Rogers)

PAUL ROGERS, PRESIDENT (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent (Handwritten signature of Michelle Tanzer)

10-18-19 Date

If signing on behalf of an entity:

Michelle Tanzer
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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