15	25101
(Requestor's Name)	
(Address) (Address)	500276882615
(City/State/Zip/Phone #)	09/18/1501023002 **35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	Stylsion ar rear to Allow 2815 SEP 18 PH 12: 25
Office Use Only	RADAS SEP 23 2015 I ALBRITTON

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

1. The name of the corporation:	The Country Club	o of Coral Springs, Inc.	
2. The principal office address: 10800 W. Sample Rd.			
Coral Springs, Florida 33065			
3. The mailing address (if different): 3300 N. University Drive Suite 500			
Coral Springs, Florida 33065			
4. Date of incorporation/qualific	ation: 5/21/1980	Document number: 752561	

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)

Bessie Petroutsas

3300 N. University Dr., Suite 500

Coral Springs, Florida 33065

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

Judith A Jarvis

3300 N. University Dr., Suite 500

P.O. Box NOT acceptable

Coral Springs, Florida 33065

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 directo

Bernard T. Moyle, President Printed or typed name and title 2115 SEP 18 PH 12: 25

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.

Registered Agent enature of

If signing on behalf of an entity:

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 CR2E045 (03/12)