## A 13000000251

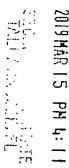
(F	Requestor's Name)
(F	Address)
	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

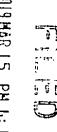
Office Use Only



400326412234

08/15/19--01004--020 \*\*88.00





n. 17. 1755 h.m. 20 213

## COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	·	igo Lake:	s Galf	Club	I P	
SUB	Name of Limited Partn					
			1300	00002	.51	
	enclosed Statement of Change of lare submitted for filing.	Registered	Office a	nd/or R	egistered Agent and	
Please	e return all correspondence conce	erning this r	natter to	):		
	Michael S. Weiner,	Esq		_		
	Contact Person					
	Sachs Sax Caplan	,PL				
	Firm/Company					
	6111 Broken Sound Pkwy	/ NW #200				
	Address					
	Boca Raton, FL 33	487				
	City, State and Zip Coc			_		
			~			
— <u>E</u>	epeterson@indigolal -mail address: (to be used for future and	nual report no	ii tification	)	_	
	arther information concerning this					
	Michael S. Weiner	at (	561	)	994-4499	
	Name of Contact Person			and Day	time Telephone Number	
Enclo	osed is a \$35.00 check made paya	ble to the F	lorida E	)epartm	ent of State.	
STRE	EET ADDRESS:		MAI	LING .	ADDRESS:	
Registration Section			Registration Section			
	ion of Corporations				Corporations	
	on Building			Box 63		
	Executive Center Circle		Talla	hassee,	FL 32314	
Tallal	hassee, FL 32301					

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	INDIGO LAKES	GOLF C	LUB LP			_			
N:	ime of Limited Partnership or Lim	ited Liability	Limited Partnersh	nip	_				
2.	5/14/2013	3.	A13000000251						
Date of filing	g/registration in Florida		Florida document number						
4. The name of the ro Department of State:	egistered agent and the registered of	office address	as shown on the r	records of the	Florio	da			
	Hartley, J	udith A							
	Nam								
	312 Indig	o Drive							
	Addre	288							
	Daytona Beac	h, FL 321	19						
	City, State	and Zip							
5. The name and Flo	rida street address of the new regis	stered agent a	nd/or office:						
	Eddy Pe	terson			2019				
	Nam	ıc		<u>;</u>	2019 HAR	u			
	312 Indig	<del></del>			∑ - - - -	45 . 7			
	Florida street address (P.C	). Box not ac	ceptable)		0	, , , , , , , , , , , , , , , , , , ,			
	Daytona Beach		32114		P# L: -	120			
	City, State	and Zip		<u> </u>	 				
6. Such change(s) is/	are effective when filed by the Flo	orida Departn	ient of State.						
Signature of General	Partner								
comply with the provi	ppointment as registered agent and isions of all statutes relative to the how accept the obligations of my platters.	proper and c	omplete performa						
Signature of Register	ed Agent								

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50