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US CORPWORKS

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Division of Corporations

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# F02000005329

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : US CORPWORKS INC.  
Account Number : I20070000066  
Phone : (303) 393-8800  
Fax Number : (303) 393-8900

SECRETARY OF STATE  
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TALLAHASSEE, FLORIDA

## REGISTERED AGENT CHANGE

HERITAGE GOLF GROUP FLORIDA, INC.

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Heritage Golf Group Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000005329

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Michael Mirrione  
(Name of Contact Person)

US CorpWorks Inc.  
(Firm/Company)

1638 Pennsylvania Street  
(Address)

Denver, CO 80203  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Mirrione at ( 303 ) 393.8800  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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US CORPWORKS  
Fax Server



August 10, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HERITAGE GOLF GROUP FLORIDA, INC.  
12750 HIGH BLUFF DR  
4TH FLOOR  
SAN DIEGO, CA 92130

SUBJECT: HERITAGE GOLF GROUP FLORIDA, INC.  
REF: F02000005329

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

FAX Aud. #: H09000179283  
Letter Number: 709A00027258

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

# 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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Heritage Golf Group Florida, Inc.
2. The principal office address: 12750 High Bluff Dr, 4th Floor, San Diego, CA 92130
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/23/2002 Document number: F02000005329
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
C T Corporation System.  
1200 South Pine Island Road  
Plantation, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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 TALLAHASSEE, FLORIDA

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)

Angela Kaeten, Secretary  
(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)

8/6/09  
(Date)

If signing on behalf of an entity:

Michael Mirione, Assistant Secretary  
(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 (8/05)