

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

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

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## REGISTERED AGENT CHANGE BRIGHTVIEW GOLF MAINTENANCE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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4/19/2016 3:14:20 PM From: To: 8506176380( 2/2 )

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is s	ubmitted for a corpor	02, 617.0502, 607.1508, or 617.1508, F ation organized under the laws of the S ce or registered agent, or both, in the Si	tate of Califo	rnia
		W GOLF MAINTENANCE, INC.		
2. The principal office a			·	<del></del>
3. The mailing address (	if different):			
4. Date of incorporation	/qualification: 1/28/20	Document number: F	04000000526	
5. The name and street a Florida Department of		registered agent and registered office or nter resigned)	n file with the	<del>)</del>
CORPO	PRATION SERVICE C	COMPANY		
1201 H.	AYS STREET SUITE	105		<b>.</b>
TALLA	HASSEE, FL 32301			APA ST
6. The name and street address of the new registered agent (if changed) and /or register (if changed):  C T Corporation System		ered office	10 A	
c/o C T	Corporation System, 12	200 South Pine Island Road	23	വ ഇ. ൃഷ്യ
Plantati	on, Florida 33324	P.O. Box NOT acceptable	>	<u>.</u>
The street address of its as changed will be ident	registered office and	I the street address of the business offi	ce of its regi	stered agent,
Such change was author authorized by the board	rized by resolution du , or the corporation h	aly adopted by its board of directors or as been notified in writing of the chan	by an office ge.	r so
/u h	im	Adam Nussbaum Vice Presi	dent	
I further agree to complete to my duties	ointment as registered by with the provisions ses and I am familiar	Printed or typed name of agent and agree to act in this capacts of all statutes relative to the proper a with and accept the obligation of my prefer to reflect a change in the registers in notified in writing of this change.	ity. ind complete position as re	egisterea
By C T Corporation		04/11/2016		
If signing on behalf of a  Angel Shear  Assistant Section	n entity:			

\* \* \* 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)