Division of Corporations **Electronic Filing Cover Sheet**

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(((H18000054045 3)))



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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SLOANE & JOHNSON, PLLC

Account Number : T20150000117 Phone : (407)622-6751 Fax Number : (866) 440-1211

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

Email Address:

angelai@annikaclub59.com

REGISTERED AGENT CHANGE CLUB 59 GOLF, INC.

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(((H18000054045 3)))

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

POCUMENT NUMBER: F05000005179

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:

Angela lacone-Radaelli

Name of Contact Person

Club 59 Golf, Inc.

Firm/Company

1257 Worcester Rd, #254

Address

Framingham, MA 01701

City/State and Zip Code

angelai@annikaclub59.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela lacone-Radaelli
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

CR2E045 (03/12)

850-617-6381

2/16/2018 9:57:33 AM PAGE 1/001 Fax Server



February 16, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

CLUB 59 GOLF, INC. 5 SOUTHSIDE DR STE 11 - 237 CLIFTON PARK, NY 12065

SUBJECT: CLUB 59 GOLF, INC.

REF: F05000005179

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.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent's name in number 5 must be listed how it appears on our database.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FAX Aud. #: H18000054045 Letter Number: 418A00003327

CR2E045 (03/12)

(((H18000054045 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this range is submitted for a corporation organized under the laws of the State of NV	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Club 59 Golf, Inc.	
	l office address: 1257 Worcester Rd #254, Framingham, MA 01701	
3. The mailing a	address (if different): 1257 Worcester Rd #254, Framingham, MA 01701	
J. The maning e	audyoss (it differenty).	
4. Date of incorp	rporation/qualification: 09/07/2005 Document number: F05000005179	_
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
d. The name and (if changed):	u street address of the new registered agent (if changed) and for registered office	
	Watson Sloane Johnson PLLC	
	3670 Maguire Boulevard, Suite 250	
	P.O. Box NOT acceptable	
	Orlando, FL 32803	
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, lbe identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Sgnau	Angela lacone-Radaelli, CFO	
	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete in the proper and complete in the duties, and I am familiar with and accept the obligation of my position as registered in sis document is being filed merely to reflect a change in the registered office address. I that the europeantop has been notified in writing of this change.	
عتريستر	2/13/18 passure of Registered Agent	
•	chalf of an entity:	
	Srien Wetun Sped or Printed Name	
Ty		
	* * * FH.ING FEE: \$35.00 * * *	
MA	Make checks payable to Florida Department of State ail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314	