

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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: (850)879-5926

REGISTERED AGENT CHANGE

FLORIDA FAIRWAYS, INC.

60.	
Certificate of Status	
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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G. Southatte JUL 0 3 2008

7/3/2008

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.150 ange is submitted for a corporation organized undet er to change its registered office or registered agent	r the laws of the	State of Delaware	
1. The name of	the corporation: Florida Fairways, Inc.			
	office address: 40 Westminster Street, Providence, R	1 02940		
3. The mailing	address (if different): 40 Westminster Street, Provider	nce, RI 02940		
4. Date of incor	poration/qualification: 5/30/95 Doc	ument number:	F950000002598	
5. The name and Florida Depa	d street address of the current registered agent and nument of State:	egistered office	on file with the	
	Corporation Service Company			
	1201 Hays Street			•
	Tallahassec, FL 32301			
6. The name and (if changed):	d street address of the new registered agent (if change of T Corporation System	_	stered office	Ş
	c/o C T Corporation System, 1200 South i	 -		SECRETON (
	(P.O. Box NOT soceptable)	r me tarana read	-	
	Plantation, Florida 33324	<u> </u>		-3
The street address changed will	ess of its registered office and the street address of be identical.	f the business o	ffice of its registered	PART OF
	as authorized by resolution duly adopted by its bone board, or the corporation has been notified in v	pard of directors writing of the ch Kris		ANIE
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as registered agent and agree to to comply with the provisions of all statutes relati ad I am familiar with and accept the obligation of ing filed merely to reflect a change in the register s been notified in writing of this change. CTCappration System	o act in this cap we to the prope my position as ed office addre.	acity r and complete perfo registered agent. O. ss, I nereby confirm t	rmance r, if this that the
Ву:		6/30/0	18	·
If signing on be	enature of Registered Agent) Shalf of an entity: TRACHOUCK ASSISTANT SECRETARY	· (Da	ıcj	
. (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)

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