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B. KOHR

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EXAMINER

COVER LETTER

	Registration Section Division of Corporations				
SUBJECT: The Club at TwinEagles LLC Name of Limited Liability Company					
Dear Sir	r or Madam:				090%
The encl	losed Registered Agent/Registered C	Office (Change a	nd fee(s)	•
Please re	eturn all correspondence concerning	this m	atter to t	he follov	ving:
	Diane Murray			_	
	Name of Person	·		_	
	Bonita Bay Group Firm/Company			-	
	9990 Coconut Road Ste 20 Address	0		-	
	Bonita Springs, FL 34135 City/State and Zip Code	<u></u>		-	
E-m	Dianem@bonitabaygroup.co	m otificatio	on)		
For furth	her information concerning this matt	er, plea	ase call:		
	Diane Murray	_at (_	239)(390-1257
	Name of Person		А	rea Code &	Daytime Telephone Number
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section		Registration Section		
	Division of Corporations	Division of Corporations P.O. Box 6327			
	Clifton Building 2661 Executive Center Circle				lorida 32314
	Tallahassee, Florida 32301		1 4114	massee, r	1011 0g 32314
I	Enclosed is a check for the following	ng amo	unt:		
¥	\$25 Fifing Fee		\$55	Filing F	ee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	The Club at TwinEagles LLC			
2. (a) Principal office address of limited liability comp	pany: 9990 Coconut Road Ste 200			
(Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34135			
(b) Mailing address of limited liability company:	9990 Coconut Road Ste 200 2			
(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34135			
3/2/2009 3. Date of filing/registration in Florida	L0100008946 9			
5. Date of fining/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	Scott R. Whitney			
Registered Office Address:	9990 Coconut Road Ste 200 Bonita Springs, FL 34135			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address:	Gary Dumas			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9990 Coconut Road Ste 200			
MACGI BE I LOMBA SINCEI ADDRESS	Bonita Springs ,FL34135			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization pany.			
Printed or typed name of signer				
I hereby accept the appointment as registered agent at				
comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my auties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00