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Division of Corporations

Page 1 of 2

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 205-0380

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Account Number : I20020000016

Phone : (561) 691-1766

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

NICKLAUS GAME IMPROVEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

1. The name of the limited liability company is: Nicklaus Game Improvement, LLC
2. The mailing address of the limited liability company is: 11770 U.S. Highway One,
Suite 100, North Palm Beach, FL 33408

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3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

FHS Corporate Services, Inc.

Name

11780 U.S. Highway One, Suite 300

Address

North Palm Beach, FL 33408

City, State and Zip

6. The name and address of the new registered agent and/or office:

James D. Ryan, Esq.

Name

11891 U.S. Highway One, Suite 201

Florida street address (P.O. Box NOT acceptable)

North Palm Beach, FL 33408

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James D. Ryan As a registered agent
(Signature of a member or authorized representative of a member)

James D. Ryan
(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

James D. Ryan
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH518(10/99)

FILING FEE: \$25.00

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