Division of Corporations



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(((H190003562023)))



H190003562023ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

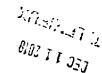
Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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Certificate of Status Certificate Copy Page Count Estimated Charge CLUB OF NW FLORIDA, LLC 0 control 0 c

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(E)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	nme of the limited liability company:	F NW FLORID	DA, LLC				
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· , · · <u></u>	Mailing address of limited liability company: (Note: MAYRE POST OFFICE BOX)				
	850 NW 13th Ave.	850	850 NW 13th Ave. Portland, OR 97209				
	Portland, OR 97209	Port					
	12/20/2002	1,020	L02000034328				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a)	CORPORATE CREATIONS NETWORK, INC.						
, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Registered Office Address (MUST BE FLORIDA STREET).						
	11380 PROSPERITY FARMS ROAD #221E						
	PALM BEACH GARDENS , FL	33410	22				
(b)	C T Corporation System		TLAN DE				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	S				
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	33324	,				
the cha agent v was/we	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of loyanization or the operating agreement of the	vs of the State the registered ability compar of the limited I limited liabili	e of Florida, it is hereby confirmed that after a office and the business office of the registerency, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.				
Signa	tud of a member or authorized representative of a member		Printed or typed name of signee				
provisi (he obl (o mer	ly accept the appointment as registered agent and agr ins of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to act in the performance ad for in Chap hereby confirm	nis capacity. I further agree to comply with the of my duries, and I am familiar with and accepter 605, F.N. Or, if this document is being filed in that the limited liability company has been				
By: 🖊	Med Alfred Younan						
Signatu	ire of Registerya Agent Assistant Secretary	<i>r</i>					

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