L03000009179

| (Requestor's Name) | | | |
|---|--|--|--|
| MURRAY, SIMMONS & ZIEGLER, LLP | | | |
| 1401 EAST BROWARD BOULEVARD, SUITE 200 | | | |
| FORT LAUDERDALE, FLORIDA 33301 | | | |
| (Address) | | | |
| (1.333) | | | |
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| (City/State/Zip/Phone #) | | | |
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| (Business Entity Name) | | | |
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DIV. JON OF CORPORATION:
AHASSEE, FLORIDA

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.

| agent, or both, in th | * | |
|---|--|--|
| | minted hability company is. | ndywine Owners Club, LLC |
| 2. The mailing add | Iress of the limited liability company is: | 215 N. Birch Road #4-A, Ft. Lauderdale_ |
| Florida 33304 | | · · · · · · · · · · · · · · · · · · · |
| March 13, 2003 | | L03000009179 |
| 3. Date of filing/re | gistration in Florida | 4. Document number |
| 5. The name of the Florida Departm | registered agent and the registered officeent of State: | e address as shown on the records of the |
| | Matzel, Bruce | |
| | Name 215 N. Birch Road #4-A | 10000000000000000000000000000000000000 |
| | Address Ft. Lauderdale, FL 33304 | Zip TLE ORATO |
| | City, State and | Zip PN号 王 |
| 6. The name and a | ddress of the new registered agent and/or | office: |
| | Murray, David G. , Esq. | |
| | 1401 E. Broward Blvd. #200 | |
| | Florida street address (P.O. Bo | NOT acceptable) |
| | Ft. Lauderdale FI 333 | 01 |
| | City, State and Z | ip |
| confirmed that after and the business of liability company, the members of the | lity company is not organized under the ler the change or changes are made, the Flatice of the registered agent will be ident it is hereby confirmed that the change(s) is limited liability company or as otherwisement of the limited liability company. | aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or |
| (Signature of a member | or/anthorized representative of a member) | _ |

| Bruce Matzei | |
|--|---|
| (Printed or typed name of signee) | |
| comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this docum address, I hereby goufirm that the li | registered agent and agree to act in this capacity. I further agree to attites relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in tent is being filed to merely reflect a change in the registered office imited liability company has been notified in writing of this change. |
| (Signature of Registered Agent) | · · · · · · · · · · · · · · · · · · · |

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

FILING FEE: \$25.00

INHS18(10/99)