## 103000041265

| (Requestor's Name)                      |                  |             |  |  |  |  |  |
|---|------------------|-------------|--|--|--|--|--|
|   |                  |             |  |  |  |  |  |
| (Address)                               |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| (Address)                               |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| (City/State/Zip/Phone #)                |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| (Business Entity Name)                  |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| (Do                                     | cument Number)   |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
|   | Fillian Officers |             |  |  |  |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
|   |                  | ı           |  |  |  |  |  |
|   |                  | ŀ           |  |  |  |  |  |
|   |                  | İ           |  |  |  |  |  |
|   |                  |             |  |  |  |  |  |
| t <del></del>                           |                  |             |  |  |  |  |  |

Office Use Only



100291157471

12/19/16--01014--028 \*\*25.00

DEC 20 2016 S. YOUNG AS THE 19 PH 4: 02



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 16, 2016

Order#: 380442/003

Re: BLOOMINGDALE GOLF LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

16 DEC 19 PH 4: 03

## 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                      | me of the limited liability company: BI  | oomingdale G   | olf LLC   |  |  |  |
|----------------|-------------------------|--|--|---|--|--|--|
| 2.             | (a)                     | 4113 Great Golfers Place   |  | (b)   | 10688 Crestwood Drive  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |  |
|                | (-)                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | ····· (- <i>)</i>                                   |  |  |  |
|                |                         |  |  |   | Suite D  |  |  |
|                |                         | Valrico FL   | 33596  | <del>.</del>  | Manassa  | 98   | VA 20109   |
|                |                         | 10/31/2003   |  | -     -   | L0300004   |  |  |
| 3.             |                         | Date of filing/registration in Flo   | orida  | 4.  |  | Document number  |  |
| 5.             | (a)                     | Charles K. Staples   |  |   |  | _  |  |
|                |                         | Registered Agent and Registered Office shown of  | n the records of   | the Florida   | Dept. of State   | e:   |  |
|                |                         | 18086 SE Village Circle  |  |   |  | _  |  |
|                |                         | Registered Office Address (MUST BE FLO)  | RIDA STREET  | <u>ADDRESS)</u>                                     |  |  |  |
|                |                         |  |  |   |  | _  | <b>3</b>   |
|                |                         | Tamasta  |  | 00400   |  | -  | 무 관심   |
|                |                         | Tequesta   | , FL   | , 33469   |  | _  |  |
|                | (h)                     | Corporation Service Company  |  |   |  |  | DEC 19 PM 4: 03  |
|                | (b)                     | Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>  | EW Registered  | Office add  | ress:  | -  | <b>PA</b> (3)  |
|                |                         |  |  |   |  |  | · · · · · · · · · · · · · · · · · · ·  |
|                |                         | 1201 Hays Street   |  |   |  |  | 3 <b>3</b>   |
|                |                         | NEW Registered Office Address:   |  |   |  | -  |  |
|                |                         |  |  |   |  | -  |  |
|                |                         | Tallahassee  | , FL   | , 32301   |  | -  |  |
| th<br>ag<br>wa | e cha<br>ent v<br>as/we | mited liability company is not organized<br>inge or changes are made, the Florida str<br>vill be identical. Or, in the case of a Flor<br>ire authorized by an affirmative vote of to<br>cles of organization or the operating agre | eet address of<br>rida limited li<br>he members o                | the regist<br>ability con<br>of the limi            | ered office<br>npany, it is<br>ted liabilit  | e and the business of<br>s hereby confirmed to<br>y company or as oth                            | ffice of the registered that the change(s)   |
|                | <u> </u>                | Jue E. agnie   |  | Jill C  | ilmi, Autho  | rized Person   | <u> </u>   |
|                | -                       | ure of a member or authorized representative of a  |  |   |  | Printed or typed name  | _  |
| pr<br>th<br>to | ovisi<br>e obl<br>mere  | by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered officing in writing of this change.                              | agent and agr<br>and complete<br>ent as provide<br>ce address, I | ree to act i<br>performa<br>d for in C<br>hereby co | in this cap<br>nce of my<br>hapter 605<br>nfirm that   | acity. I further agre<br>duties, and I am fam<br>5, F.S. Or, if this do<br>the limited liability | re to comply with the<br>niliar with and accept<br>cument is being filed<br>company has been |
| S              | gnatu                   | re of Registered Agent Corporation Service   | Company  | BY: Eli   | zabeth A.  | . Dawson, Assistan   | nt Vice President  |