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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|--------------------------------------|------------------------------------|--|--|
| SUBJECT: GOLF SERVICES, LLC (Name of L | Limited Liabi | lity Company) | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered C | Office Change | e and fee(s) are submitted for filin | ıg. | | |
| Please return all correspondence concerning | this matter to | o the following: | | | |
| | | · · · · | • | | |
| PATRICK LOGUE | | | • | | |
| (Name of Person) | | · | | | |
| COLE SERVICES LLC | | | 0 5 | | |
| GOLF SERVICES, LLC (Firm/Company) | | | FILI SECRETARY IVISION OF CO | | |
| 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ٠, | Letter Carrier Carlos Commence | | | |
| 12806 ASTON OAKS DRIVE | | | 29 F.S.F. | | |
| (Address) | · · · · | | PH GRED | | |
| | | | 97 A | | |
| FORT MYERS, FL 33912 | | • | STATE REATED | | |
| (City/State and Zip Code) | | | — XS | | |
| ` · · · · · | | | - | | |
| For firsthan information concerning this most | on mlaasa sal | 1. | | | |
| For further information concerning this matt | er, piease cai | li: | | | |
| PATRICK LOGUE | at (239 | , 225-7309 | | | |
| (Name of Person) | _ at (233 | (Area Code & Daytime Telephon | ne Number) | | |
| (comme of torson) | | (The Code to Baytime Telephon | 10 1 (4111001) | | |
| STREET/COURIER ADDRESS: | M. | AILING ADDRESS: | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Tallahassee, Florida 32301 | 14 | | | | |
| Enclosed is a check for the following | ıg amount: ` | | · | | |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | | | |
| | | | | | |

INHS18 (8/05)

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 limite | d liability compa | ny is: GOLF | SERVICES, LLC | | |
|--|---|--|---|--|--|
| 2. The mailing address o | f the limited liabi | lity company | is: 12806 ASTON | OAKS DRIVE | |
| FORT MYERS, FL 33912 | | | | | |
| April 1, 2004 | | | L040000245 | 82 | |
| 3. Date of filing/registration in Florida | | 4. Documen | t number | | |
| 5. The name of the register Florida Department of | | e registered o | ffice address as she | own on the recor | ds of the |
| , ' | LegalZoom.co | m, Inc | | | |
| | | Name | | | |
| | 7083 Hollywood | • | | | |
| Address | | | SS | | OIVI S |
| Hollywood, CA 90028 City, State and Zip | | | | | Sio |
| | co. | • • | • | | N OF T |
| 6. The name and address | of the new registe | ered agent an | d/or office: | | SECRETARY SECRETARY OF CO |
| | PATRICK LOG | UE | | | ORPORATION PH 4: 01 |
| | | Name | ··· | | A STA |
| | 12806 ASTON OAKS DRIVE | | | | 0 10 |
| | Florida street a | ddress (P.O. | Box NOT accepta | ble) | – i s |
| -4 | Fort Myers | FL | 33912 | | |
| | | City, State an | | | |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement | hange or changes the registered ag reby confirmed the nited liability con nt of the limited li | are made, the ent will be idented the change of the change of as called the company or as called the calle | e Florida street add lentical. Or, in the | dress of the regis case of a Florida corized by an offi | tered office limited |
| (Signature of a member of author | ized representative of a | i member) | | | |
| PATRICK LOGUE | | | | | |
| (Printed or typed name of signee) | | | | | |
| I hereby accept the appo comply with the provision and Lam familiar with an Chapter 608, F.S. Or, if address I hereby confirm (Gignature of Registered Agent) | intment as registers of all statutes red accept the obligation of the control of | ered agent ar elative to the gations of my being filed to iability com | nd agree to act in the proper and complete position as regist merely reflect a cloany has been noting | his capacity. I fu ete performance ered agent as pro ange in the regi fied in writing of | rther agree to of my duties, wided for in stered office this change. |

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