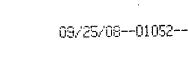
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(Re	equestor's Name)			
(Ad	Idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only





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09/25/08--01052--007 **425.00

T. HAMPTON -SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: <u>CHANGING</u> REGIS			DA LLC'S
· · (1)	lame of Limited Liability	y Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Regist	ered Office Change and	fee(s) are submitte	ed for filing.
Please return all correspondence conce	rning this matter to the	following:	
Name of Person)			
(Name of Person)			
		·	
(Firm/Company)			
7200 W. Camino Regi	Suite 302		•
(Address)			
Bocz Rata, EL 3 (City/State and Zip Code)	3133		
(City/State and Zip Code	•		
For further information concerning this	s matter, please call:		
		_	
Daniel Kaskel	at (36/)_		hana Nisahan)
(Name of Person)	(Area Code	& Daytime Telep	mone Number)
STREET/COURIER ADDRESS	S: MAILIN	IG ADDRESS:	
Registration Section		ion Section	
Division of Corporations Clifton Building	P.O. Box	of Corporations	
2661 Executive Center Circle		see, Florida 32314	
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	☐ \$55 Fil	ing Fee & Certific	ed Copy
×17			
INHS18 (5/08) \$ 425.00			

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.

the state of 1 to take	
1. Name of the limited liability company:	club at Doval, LCC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 7200 W. (OMNO Red Suite 302 Bock Refor FL 33833
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same.
3. Date of filing/registration in Florida	Lo Soom p 626 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Daniel A. Kuskel, PA.
Registered Office Address:	7200 Gr. (gining Real, Scite 33 Bris Raton, PL 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	
NEW Registered Agent:	Kodsi Law FIFM, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W. (yptess Creek Road Some 303 Fort Conderdate ,FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifications.	the taddress of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating preement of the AHETARY OF STA
(Signature of Registered Agent)	

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