

**L05000123112**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
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**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

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12 JAN 18 PM 12:38  
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**LLC REGISTERED AGENT CHANGE  
INTERLINK GOLF LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

**J. BRYAN**

JAN 19 2012

**EXAMINER**  
1/17/2012

**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. Name of the limited liability company: Interlink Golf LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

220 Pointe Vedra Park Drive Suite 260  
Pointe Vedra Beach, FL 32082

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

220 Pointe Vedra Park Drive Suite 260  
Pointe Vedra Beach, FL 32082

1/1/2006

3. Date of filing/registration in Florida

L05000123112

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

220 Pointe Vedra Park Drive Suite 260  
Pointe Vedra Beach, FL 32082

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

CT Corporation System

**NEW Registered Office Address:**

1200 South Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**)

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On this document is being filed to hereby reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

By:

Signature of Registered Agent

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

FILING FEE: \$25.00

INHS18 (03/08)

FLS-11762210 CT System Update

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