

LOG000120292

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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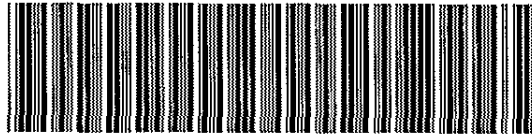
(Business Entity Name)

(Document Number)

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07 MAR 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 808790 121767A
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
07 MAR 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 19, 2007

ORDER TIME : 12:34 PM

ORDER NO. : 808790-015

CUSTOMER NO: 121767A

CHANGE OF AGENT

NAME: ECKS GOLF, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER: _____

**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 limited liability company is: ECKS GOLF, LLC
2. The mailing address of the limited liability company is : 8367 SW 137 AVENUE, MIAMI, FL 33183

DECEMBER 19, 2006

L06000120292

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ALHAMBRA REGISTERED AGENTS, INC.

Name

2 Alhambra Plaza, Suite 1202

Address

Coral Gables, Florida 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

LINDA C. KERR

Name

8367 S.W. 137th Avenue

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33183

City, State and Zip

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]
(Signature of a member or authorized representative of a member)

Linda C. Kerr, Authorized Representative

(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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent) Linda C. Kerr, Registered Agent

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

FILING FEE: \$25.00

FILED
07 MAR 19 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA