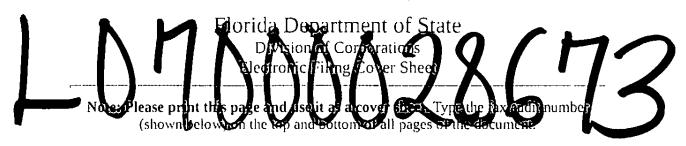
Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (813)436-5206

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## LLC REGISTERED AGENT CHANGE 5TH HOLE INVESTMENTS, LLC

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M. SOLOMON

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	ame of the limited liability company:	nts LLC		
2. (a)		(b)	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability (Note: MAY BE POST OFFIC	company:
		-		
	03/14/07	L	L07000028673	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	KLEIN, ANDREW R			
	Registered Agent and Registered Office shown on the records of the	ie Florida l	Dept. of State:	71- July 1888
				5
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	<u>!</u>	<u> </u>
	1583 Championship Court			
	APOPKA .FL	32712		
	Northwest Registered Agent LLC			F11 3: 02
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office add		10
	The state of the s	mice add	<u> </u>	
	7901 4th St N			
	NEW Registered Office Address:	-		
	STE 300			
	St. Petersburg	33702		
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the land of	the regist bility cor Tthe limi	stered office and the business office of t impany, it is hereby confirmed that the cited liability company or as otherwise p iability company.	he registered change(s)
Signa	nure of a member or authorized representative of a member	<del></del>	Printed or typed name of signee	
provis the ob- to mer	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in wyiting of this change.  Taylor Newman - Assistant Sec	performa for in Ci ereby coi	in this capacity. I further agree to com ince of my duties, and I am familiar wit hapter 605, F.S. Or, if this document i infirm that the limited liability company	iply with the h and accept s being filed : has been

Signature of Registered Agent