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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for titure annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE CELEBRATION GOLF COMPANY, LLC

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To: 18506176383

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

114	me of the limited liability company:		C
a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 701 GOLF PARK DRIVE		Maiting address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CELEBRATION, FL 34747		
	06/20/2007		L07000064842
	06/20/2007 Date of filing/registration in Florida	4.	Document number
, ,			
(a)	DAVIS, WILLIAM JACK Registered Agent and Registered Office shown on the records of	the Florida Dep	pi, of State:
	6309 GREATWATER DRIVE		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	
	·		•
(b)	WINDERMERIE, FI	34786	—————————————————————————————————————
	C T Corporation System		二 22
,	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	FILED 2021 JUN 18 AM 9: 31 ALLAHASSEE FLORIO
	NEW Registered Office Address:	v	
	1200 C. ad. Blo. Edward Book		.
	1200 South Pine Island Rolld		
	Plantation , FI	33324	••
cha nt v	imited liability company is not organized under the launge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited light authorized by an affigurative vote of the members likes of organization or the operating agreement of the	ws of the Sta f the register lability comp of the limited	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
$\overline{2}$	enni 3. An	Dennis l	B. Angers
ignature of a member or authorized refresentative of a member			Printed or typed name of signed
visi obl ner	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ed for in Cha hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed from that the limited liability company has heen
	C T Corporation System (大大大学) Laura	Broderick	

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 FILING FEE: \$25.00