Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone : (800)432-3522 Fax Number

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits l'Ioride	nt to the provisions of sections 605.0114 or 6 the following statement in order to change FGTA,	e its registered office or re	he undersigned limited liability company gistered agent, or both, in the State of
l. Nar	ne of the Limited Liability Company:	CLO	
2 (0)	100 INTERNATIONAL GOLF D	RIVE (b) 100 INT	ERNATIONAL GOLF DRIVE
2. (a)	Principal office address of limited liability comp (Nepr. MUST BE STREET ADDRESS)	pany:	Mailing address of lumited liability company: (Nest: MAY RE PUST OFFICE BOX)
	DAYTONA BEACH, FL 32124	DAYTO	ONA BEACH, FL 32124
	7/6/2007	L07000	071527
3.	Date of filing/registration in Florida	4.	Document number
5, (a)	CORPORATION SERVICE CO Registered Agent and Registered Office shown on the s	OMPANY records of the Florida Dept. of State	- v:
	1201 HAYS STREET		_
	Registered Office Address (MUSI BE PLORIDA)	STREET ADDRESSI	2022 HAY
	TALLAHASSEE	, FL_32301	· AY
(b)	Capitol Corporate Services, Inc.		ω
	Enter name of NEW Registered Agent and/or NEW I	Registered Office address:	· ¬
	TASE A Dade Avenue 2nd El		
	515 East Park Avenue 2nd Fl		
		22204	-
	Tallahassee	FL 32301	_
the chu	imited liability company is not organized und inge or changes are made, the Florida street as will be identical. Or, in the case of a Florida is ere authorized by an affirmative vote of the m igles of organization or the operating agreement	deress of the registered offici limited liability company, it is tembers of the limited liability	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signi	more at a member or authorized concentrative of a mem	ber	Printed or typed name of signor
I here provis the ob- to mer notifie	by accept the appointment as registered agen ions of all stantes relative to the proper and ligations of my position as registered agent as why reflect a change in the registered office as all myriting of this change.	it and agree to act in this cap complete performance of my s provided for in Chapter 60 daress, I hereby confirm that	pacity. I further agree to comply with the duries, and I am familiar with and accept 5. F.S. Or. If this document is peing filed the limited liability company has been
_3,	w Bulaki	Brian Radecki, Assista	ant Secretary on
Signat	ure of Registered Agent	behalf of Capitol Corp	
	Division of Corporation	se P.O. Box 6327e Tallaha	sace, FL 32314

INHS18 (2/14)

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