Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200002171403)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

: (561)694-1639 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE LEGENDS CLUB, LLC

the second resident leaves of the second	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

A SHIKEB

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.

. Na	me of the limited liability company: LEGENDS CLUB	,LLC		
	700 N.W. 107th Avenue	(b)	N.W.	107th Avenue
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	· · · · · · · · · · · · · · · · · · ·	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400	Suit	te 400	
	MIAMI, FL 33172	Mia	ımi, F	. 33172
	05/03/2002	L0700	001162	773
3. 5. (a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of to 1200 SOUTH PINE ISLAND ROAD	he Florida Dept.	of Stax	- ::
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	PLANTATION, FL	33324		
(b)	Corporate Creations Network Inc.			
(~)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		- - - - - -
	801 US Highway 1			ro - (f)
	NEW Registered Office Address:			-
	Nonh Palm Beach, FL	3340B		-
change agent	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered off ability compan of the limited I limited liabili	ice an iy, it is iabilit ty con	hereby confirmed that the change(s) y company or as otherwise provided in apany.
	the desired appropriate of a morpher	Danielle C	-OSSIN	n, Attorney-in-Fact Printed or typed name of signee
I here provis the ob- to mer	ture of a member of authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I i d in writing of this change.	ee to act in the performance of d for in Chapt hereby confirm	is cap of my er 603 n that	and the state of t
Signate	Danielle Gossman. Speci	al Secretary		
	Division of Comparations PO	Roy 63770 To	allaha	see. FL 32314

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