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S. WARREN DEC 2 7 2017

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	THE TURTLE CLUB, LLC	
		nited Liability Company
Dear Si	ir or Madam:	
The en	closed Registered Agent/Registered Office Cha-	nge and fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	r to the following:
МІСН	AAEL D. MOORE	
	Name of Person	
THE	TURTLE CLUB, LLC	
	Firm/Company	
9225	GULFSHORE DRIVE NORTH	
	Address	
NAPL	LES, FLORIDA 34108	
	City/State and Zip Code	
MICK	(MOORE@VANDERBILTBEACHRESO	RT.COM
E	-mail address: (to be used for future annual rep	ort notification)
For fur	rther information concerning this matter, please	call:
МІСН	HAEL D. MOORE	239 597-3144
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following amount	nt:
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHST	8 (2/14)	

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: THE TURTLE	CLUB,	LLC		· · · · · · · · · · · · · · · · · · ·	
)			
J. (4.) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ` `	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	9225 GULFSHORE DRIVE NORTH			(Note, MATE	<u> </u>	9
		_				
	NAPLES, FLORIDA 34108	_				
	03/18/2009		L0900002	26528		
; .	Date of filing/registration in Florida	4.	•	Document nu	ımber	
i. (a)	MICHAEL D. MOORE					
. ()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	. ::		
	821 FIFTH AVENUE SOUTH, SUITE 201					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			17	
	CHEFFY PASSIDOMO, P.A.				DEC	İ
	NAPLES, FL	34102			E 11. C 26	
	, , , ,		***	•		
(b)				_		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>lress</u> :		· 第2	
	MICHAEL D. MOORE					
	NEW Registered Office Address:	=				
	9225 GULFSHORE DRIVE NORTH			_		
	NAPLES, FL.	34108		_		
he cha igent v was/wa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liagreement.	rs of the the regis bility co f the lim limited l	stered office impany, it is ited liability iability con	e and the busing s hereby confi y company or	ness office of the re irmed that the chang	gister gc(s)
Signa	ture of a member or authorized representative of a member			Printed or type	d name of signee	_
provis. the obi to mer	by accept the appointment as registered agent and agree 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 has in writing of this change.	ee to act perform I for in C werehy co	in this cap ance of my hapter 603 mfirm that	acity. I furthe duties, and I o 5, F.S. Or. if I the limited lic	er agree to comply v am familiar with and this document is bein ability company has	vith the days ng filo heen