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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

> **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 CROWN JEWEL CLUB OPERATIONS, LLC

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M. SOLOMON

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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	CROWN JEWEL CLUB OPERATI	ONS, LLC				
		Name of Limited Liability Company				
Dear Sir	r or Madam:					
The enc	losed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning th	is matter to the	following:			
Alicia R	ichards					
	Name of Person		_			
Register	ed Agent Solutions, Inc.					
	Firm/Company					
Согрога	te Center One, 5301 Southwest Pkwy, Ste-	400				
	Address		_			
Austin,	TX 78735					
	City/State and Zip Code		· ····			
— <u>E</u> -	mail address; (to be used for future ann	ual report notif	fication)			
For furth	her information concerning this matter.	please call:				
Alicia R	ichards	888 at (705-7274			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following	amount:				
	☐ \$25 Filing Fee	 s	☐ \$55 Filing Fee & Certified Copy			

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.

. (a)	11220 SW 69TH CIRCLE	(b) 8825 SV	V 410th Stre	eet			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	dress of limited li LAY BE POST O		-	
	OCALA, FL 34476		Ocala, Fl	L 34481	***************************************			
	9/23/2009		L0900009	2246		***		
	Date of filing/registration in Florida	- 4.		Documer	nt number		, .	
. (a)	Stein, Chuck							
. (,	Registered Agent and Registered Office shown on the records o 8825 SW 110th Street	f the Floric	la Dept, of St	ate:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	****				
	Ocala , F	L		_			2024 JUL 24	~}`
(b)	Registered Agent Solutions, Inc.				RETARY OF STATE AHASSEE, FLORID	JL 24		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:			F 0	P 3K	П
	2894 Remington Green Ln.					STA	PM 2: 32	C
	NEW Registered Office Address:		 .	_		a a a	32	
	Ste. A			_				
	Tallahassee, F	L_32308		_				
hange gent w 'as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register lability co of the lin	ed office ar ompany, it nited liabili	nd the busi is hereby c ity compan	ness office of ontirmed that	the registe	red e(s)	
V.	Bradley C. Martinson	Bra	dley C. Mar	tinson	Authorize	ed Repre	sentati	ive
-	ure of a member or authorized representative of a member				typed name of si	_		
neren rovisie ie obli	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to ac perform d for in	ance of my Chapter 60	duties, and 5, F.S. Or	d Lam familia d Lam familia g if this docum	r with and ent is bein	an ine accept g filed	

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent