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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Phone : (800)432-3622 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

Pursuo submit Floridi	s the following statement in order to change its regi	Florida Statutes, the undersigned limited liability company istered affice or registered agent, or both, in the State of
•	me of the Limited Liability Company:	NAMENT PROPERTIES ONE, LLC
	100 INTERNATIONAL GOLF DRIVE Principal office address of linated liability company: (Note: MUST BE STREET ADDRESS)	(b) 100 INTERNATIONAL GOLF DRIVE  Ministry address of limited liability company:  (Yels: MAY BE POST OFFICE BOX)
	DAYTONA BEACH, FL 32124	DAYTONA BEACH, FL 32124
3.	11/12/2009  Date of filing/registration in Florida  CORPORATION SERVICE COMPA	L09000109118 4. Document number NY
). (a)	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
	1201 HAYS STREET Registured Office Address (MUSI BE FLORIDA STREET A	DDRESSI 2022 HAY
	TALLAHASSEE	32301
<b>(b</b> )	Capitol Corporate Services, Inc.	<u> </u>
	Enter some of NEW Resistered Ascent and/or NEW Registered	
	515 East Park Avenue 2nd FI	
	NEW Registered Office Address:	
	Tallahassea ,FL	32301
agent was Au	ange or changes are made, the Florida street address of	vs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company.
My	hith horr	Manan Elizabeth Moore, Secretary
I here provis the ob to mer notifie	there of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address. I ad in writing of this change.	Printed or typed name of signoc see to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 105. "S. Or, if this document is being filled hereby confirm that the limited liability company has been
Signati	in Brian F	Radecki, Assistant Secretary on of Capitol Corporate Services, Inc.
	Division of Corporations P.O. 1	Box 6327e Taliahassec, FL 32314

INHS18 (2/14)