Division of Corporations

vision of Corporations Electronic Filing Cover Sheet



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To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for Futu annual report mailings. Enter only one email address please. Email Address: LLC REGISTERED AGENT CHANGE ORANGE COUNTY NATIONAL GOLF CLUB, LLC 0 Certificate of Status 1 Certified Copy 02 Page Count \$55.00 Estimated Charge

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Help

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

1. N	ame of the limited liability company: Orange County N	ational Golf Cl	ub, E.I.C
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16301 PHIL RITSON WAY	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WINTER GARDEN, FL 34787		
	11/29/2011		L11000134750
3. 5. (a) (b)	Date of filing/registration in Florida DAVIS, WILLIAM JACK	4.	Document number
	Registered Agent and Registered Office shown on the records of 6309 GREATWATER DRIVE	the Florida Dept.	of State;
	Registered Office Address (MUST BE FLORIDA STREET)		## 22
	WINDERMERE, FL		
	CT Corporation System		FILE ARCA ASSEE
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	FILED JUN 18 AH 9: AHASSEE FLOR
	NEW Registered Office Address:		29
	1200 South Pine Island Road		. . .
	Plantation , FL	33324	
the cha agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited in the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State the registered ability compa- if the limited l limited liabili	e of Florida, it is hereby confirmed that after doffice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	eni B. Anne	Dennis B.	
Signa	tture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notifie	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 provide ely reflect a change in the registered office address, I i d in writing of this change.		nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Зу;	C T Corporation System Research Laura	Broderick	
	are of Registered Agent		