# L12000001976

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	9)
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Certified Copies	Certificates o	of Status
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SECRETARY IN COLUMN ASSET I

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Cowboy Golf 5 Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Peter S. U. hlein  Name of Person  Cowboy Golf 5, LLC  Firm/Company  18908 SE Windward Isla  Address  Jupiter FL 33458  City/State and Zip Code  Puhlein @ Comcust. ne  E-mail address: (to be used for future annual report notifi	SEUBETARY III
For further information concerning this matter, please call:	
Tina Uihlein at (508) Name of Person	Area Code & Daytime Telephone Number
Registration Section Re Division of Corporations Di Clifton Building P.G	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 ellahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

Please note Tina M. Uihlein (Manager - Authorizea Person) address is:

# 2 Pine Ridge Drive MaHapoiseH, MA 02739

property of the same

An emailed reguest was sent to
Corpaddresrchange@dos.state.fl.us
to change Peter S Unhen's address NoT Tina M
Unhem's address. That was changed to Jupiter
Which is incorrect. Please use the Mattapoistet, MA
address above for tina's correct address.

Thank you!



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 7, 2014

PETER S UIHLEIN 18908 SE WINDWARD ISLAND LANE JUPITER, FL 33458

SUBJECT: COWBOY GOLF5, LLC

Ref. Number: L12000001976

We have received your document for COWBOY GOLF5, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. The form you completed is for a corporation and you are a limited liability company. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 714A00023851

## 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. Name of the limited liability company: Cowboy Grif 5, LLC	
2. (a) 18908 SE Windward Island Lane (b) 18908 SE  Principal office address of limited liability company:  Mailing address	Windhard Island Luidress of limited liability company:  MAY BE POST OFFICE BOX  1 33458
3. Date of filing/registration in Florida 4. Docume	001976 ent number
5. (a) Peter 5 Uihlein Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  9680 Sloane Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	14 DEC -8 SECRETANT
Orlando , FL 32827  (b)	-8 PH 2: 55
18908 SE Windward Island Lane NEW Registered Office Address:	
Jupiter , FL 33458	
If the limited liability company is not organized under the laws of the State of Florida, it is the change or changes are made, the Florida street address of the registered office and the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby was/were authorized by an affirmative vote of the members of the limited liability compant the articles of organization or the operating agreement of the limited liability company.	e business office of the registered confirmed that the change(s)
Signature of a member or authorized representative of a member  Tina M Uih G  Printed of	ein - Manager or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I provisions of all statutes relative to the proper and complete performance of my duties, a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Co to merely reflect a change in the registered office address, I hereby confirm that the limit notified in writing of this change.  Signature of Registered Agent	further garee to comply with the