Florida Department of Stat

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

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

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 LPGA ASIA, LLC

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\$25.00

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(((H22000159779 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Piursiia รณิตits	nt to the provisions of sections 605.0 the following statement in order t	0114 or 605.0116, I to change its regis	Torida Statu tered office	tes, the undersigned limit or registered agent, or	ted Hability company both, in the State o	ý Ĺ
Florida. 1. Name of the Limited Liability Company:		LPGA ASIA, LI				
	100 INTERNATIONAL G	OLF DRIVE	_(b) 100	INTERNATIONAL	GOLF DRIVE	
<i>L.</i> (8) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Netc. MAY BE POST OFFICE BOX)			-
I	DAYTONA BEACH, FL 3	32124	DA	YTONA BEACH,	FL 32124	- -
	5/9/2013		L13000068652			_
3.	Date of filing/registration in	n Florida	4.	Document number		
5. (a)	CORPORATION SERVI	CE COMPAN	Y Florida Dept. o	of State:		
	1201 HAYS STREET		·			
	Registered Office Address (MUST RE F	FLORIDA STREET AD	DRESS		2022 HAY	
					#	
	TALLAHASSEE	, FL	32301		W-3	FIL
(b)	Capitol Corporate Services, I	Inc.			. , P	
	Enter name of <u>NEW Registered Aprel</u> and	Var <u>NEW Rerbstevel O</u>	The address:		73. .	
	515 East Park Avenue 2nd F	<u> </u>			£5	
	NEW Registered Office Address:					
	Tallahassee	, FL	32301			
the cha agent w was/we the arti	mited liability company is not organ age or changes are made, the Florids will be identical. Or, in the case of a are authorized by an affirmative vote class of organization or the operating	a street address of U Florida limited liab of the members of agreement of the li	no registered sility compan the limited li mited liabilit	y, it is hereby confirmed ability company or as other	that the change(s) herwise provided in	.
I herel provision the obline	we do member of authorized representative of accept the appointment as register ons of all standes relative to the projections of my position as registered for reflect a change in the registered of in writing of this change.		e to act in thi erformance of for in Chapte creby confirm	ir amada. I firther aur	ee to comply with the	e pr d
3.	- Induki			sistant Secretary on		
Signatu	re of Registered Agent		-	Corporate Services, I	nc.	
	Division of Corp	porations• P.O. Bo	ox 6327• Tu	lluhassee, FL 32314		

FILING PEE: \$25.00

INH318 (2/14)