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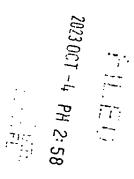
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PICK-UP WAIT MAIL								
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

Na	ame of the limited liability company: Ocala Palms Gol	f & Co	ounti	y Club, I	.LC			
(a)	5970 NW 18th Pl.		(b	5970 N	W 18th Pl.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Ocala FL 34482			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
				Ocala F	L 34482	482		
	08/20/2013			 L130001	18076			
	Date of filing/registration in Florida	- 4.			Document	number		
(-)	URIKH, SARAH E., ESQ.							
(a)	Registered Agent und Registered Office shown on the records of	the Flo	orida	Dept. of S	State:			
(b)							2(
	Registered Office Address (MUST BE FLORIDA STREET.	ADDR	ESS	<u> </u>	_)23(4.00
	1028 Lake Sumter Landing			-			2023 OCT - L	
	The Villages F1	3216	52					
						:	25	. •
	GUILFOIL, PAUL J., ESQ.					11 15 1	5	••
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					• • •	58	
	NEW Registered Office Address:							
	23 SE 12th Ter				<u></u>			
	Ocala . FL	3447	'1					
he l	imited liability company is not organized under the lay			State of	— Florida itis b	arahu canfi	rmad th	at after t
inge	or changes are made, the Florida street address of the	regis	tere	d office:	and the busine	ess office of	the reg	gistered
	vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of							
arti	of organization or the operating agreement of the	limite	ed li	ability c	ompa n y.			
2	thouse are uge	2	<u> </u>	wls7	Oplus		0	
_	ture of member or authorized representative of a member				V	ped name of	_	
ere. Viși	by accept t he ap pointment as registered agent and agr ons of all statutes relative to the proper and complete	ee to perfo	act rma	in this co nce of m	apacity. I furt vy duties, and	her agree te Lam familie	o compl ar with	ly with th and acce
obl jere	ons of all statules relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It	d för i hereb	in C y co	hapter 6 nfirm tha	05, F.S. Or, i at the limited i	f this docum liability com	nent is l npany h	being file as been
fiec	I'm writing of this change.	- ···•	,	•		·, - m		
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