6/21/2021



Division of Corporations Electronic Filing Cover Sheet

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To:		HUL
	Division of Corporations	T
	Fax Number : (850)617-6383	21
From:		-0
	Account Name : C T CORPORATION SYSTEM	I
	Account Number : FCA000000023	ယ္
	Phone : (614)280-3338	
	Fax Number : (954)208-0845	20

Email Address:_____

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LLC REGISTERED AGENT CHANGE TUSCAWILLA GOLF CLUB, LLC

Certificate of Status	0
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Corporate Filing Menu

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To: 18506176383

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	me of the limited liability company:		Tuscawilla Golf Club, LLC
. (a)			Mailing address of limited liability company:
() .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited tiability company: (Note: MAY BE POST OFFICE BOX)
	1500 Winter Springs Blvd.		
	Winter Springs, FL 32708	 -	
	12/18/2013		1.13000174141
	Date of filing/registration in Florida	4.	Document number
(0)	DAVIS, WILLIAM JACK		
. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	Dept. of State:
	6309 GREATWATER DRIVE		27 Sign
	Registered Office Address (MUST BE FLORIDA STREET	SECRETARY VISION OF SCI	
			27 FRY
	WINDERMERE	FL_34786	
	C T Corporation System		9: NAT
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	
			σ
	NUMBER OF Address		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	FL 33324	
he cha gent v	inited the little company is not organized under the	e laws of the So s of the registe d liability conters of the limite	inpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	Cenus 3. Az-		is B. Angers
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obi o mer iotifie	ions of all statutes relative to the proper and complifications of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act in lete performan vided for in Ch s, I hereby con ra Broderick	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Signati	ire of Registered Agent		