11/2/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

: REGISTERED AGENTS INC. Account Name

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE OUTFIELD RESORT GROUP FL, LLC

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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.

l. Na	me of the limited liability company: OUTFIE	LD RESOF	RT GROUP FL, LLC	_
7 (a)	1650 CELEBRATION BLVD		E. Hickory St.	
(u)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)	_
	#310	Dento	on, TX 76201	_
	CELEBRATION, FL 34747			<u>-</u> .
	12/18/2013	L1300	0178568	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	LAMANTIA, STEVE			
(11)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of S	tate:	
	703 N. MCGOWEN AVE.		- - -	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
			ALLS:	
	CRYSTAL RIVER	_{FL} 34429	NO T	
(b)	Registered Agents Inc.		-2 A	}
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address.		,
	3030 N. Rocky Point Dr.		(**) 3	
	NEW Registered Office Address:			
	STE 150A			
	Tampa	FL_33607		
the cha	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control	laws of the State of sof the registered of Hiability company.	it is hereby confirmed that the change(s) illing commany or as otherwise provided in	æd
	nure of a member or authorized representative of a member	- Triley Fair	Printed or typed name of signee	
I here provis the ob-	by accept the appointment as registered agent and cions of all statutes relative to the proper and compli- ligations of my position as registered agent as prove wiv reflect a change in the registered office address discipling of this change.	agree to act in this c ele performance of i ided for in Chapter (. I hereby confirm th ant Secretary	capacity. I further agree to comply with the ny duties, and I am jamiliar with and acce 605, F.S. Or, if this document is being file nat the limited liability company has been	e pt d