L15000 162440

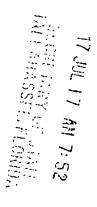
	Requestor's Name)				
	(Address)				
(Address)					
(City/State/Zip/Phone #)					
		—			
☐ PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)	_			
(Document Number)	·			
Certified Copies	Certificates of S	Status			
Special Instructions	to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
Top Speed Golf, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	s matter to the following:				
Joshua Eaton					
Name of Person					
Top Speed Golf, LLC					
Firm/Company					
4300 W Lake Mary Blvd, Ste 1010-304					
Address					
Lake Mary, FL 32746					
City/State and Zip Code					
josh@topspeedgolf.com					
E-mail address: (to be used for future annu	ual report notification)				
For further information concerning this matter,	please call:				
Joshua Eaton	740 954-0477				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	amount:				
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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.

I. Name of the limited liability company: Top Speed Golf, LLC					
2. (a)	1	(b)		
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4300 W Lake Mary Blvd, Ste 1010-304		4300 W I	Lake Mary Blvd, Ste 1010-304	
	Lake Mary, FL 32746	_	Lake Ma	ry, FL 32746	
	09/18/2015		L1500016	32660	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a	u)				
`	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:	
	Ballard, Clay S				
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES	<u>SS)</u>	- ,	
	201 Southern Pecan Circle, Unit 101			20	
	Winter Garden	3478	7	58 Z	
	, nc				
(b)	_		88 J	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		
	Eaton, Joshua A			1.0p; 7:	
	<u> </u>			52 300	
	NEW Registered Office Address:			•	
	4300 W Lake Mary Blvd, Ste 1010-304				
	Lake Mary, FL	32746	<u> </u>		
the clagent was/sthe at	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete bligations of my position as registered agent as provided the profess of the proper and complete bligations of my position as registered agent as provided the profess of the proper and complete bligations of my position as registered agent as provided the profess of the proper and complete bligations of my position as registered agent as provided the profess of the proper and complete bligations of my position as registered agent as provided the profess of the proper and complete bligations of the profess of the proper and complete profess of the proper and complete profess of the profess of the profess of the profess of the proper and complete profess of the pro	the regability of the limited	gistered office company, it is mited liability if liability compshua A. Ea	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. The printed or typed name of signee activ. I further agree to comply with the	
попу	ed in writing of this change.				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent