## L16000122987

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Account#: I20000000088

Date:_	10/13/2020					
Name:	Merritt Walker	-				
	nce #: <b>1274908</b>	-				
Entity Name: CLUB REVENUE SOLUTIONS, LLC						
	Articles of Incorporation/Authorization					
	Amendment					
	Reinstatement					
	Conversion					
	Merger					
	☐ Dissolution/Withdrawal					
	Fictitious Name					
	Other					
Authori	zed Amount: <b>\$25</b>					
Signatu	ıre:					

F: 800.944.6607

F: +852.2682.9790

## 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. N	ame of the limited liability company: CLUB REVI	ENUE SO	LUTIONS, LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	June 27, 2016		L16000122987
3.	Date of filing/registration in Florida	4.	Document number
5. <b>(</b> a'	MCPHAIL, RICHARD J		
2. (a	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	3470 LAKEMONT DR.		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET)	<del></del>	
	PELICAN LANDING		
	BONITA SPRINGS FI	34134	
	COCENCY CLORALING	^ <u> </u>	——————————————————————————————————————
(h)	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>w</u> :
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee FI	32301	
the ch agent was/w	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	Tthe register ability comp of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	harles Ingram		s Ingram
	nture of a member or authorized representative of a member		Printed or typed name of signee
provis The ob- To mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not in writing of this change.	ve to act in performand d for in Cha hereby conf	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep- upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

Sean Honan, Assistant Secretary

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

Signature of Registered Agent