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|-------------------------|---------------------|-------------|--|--|--|--|
| (Requestor's Name) | | | | | | |
| (Ad | dress) | | | | | |
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| (Cit | y/State/Zip/Phone | - #î | | | | |
| (Oit | y/Otate/Zip// Horis | 5 m) | | | | |
| PICK-UP | MAIT WAIT | MAIL | | | | |
| (Bu | siness Entity Nar | ne) | | | | |
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| /D- | cument Number) | | | | | |
| 00) | coment Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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. COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|-----------------|--------------------------------|----------------------------|--|
| | | | Charac | D | R. |
| SUBJ | ЕСТ: | Oncer | Name o | Daving f Limited Liabi | lity Company |
| | | | Name | i Emilica Elabi | |
| Dear S | ir or Madam: | | | | |
| The er | closed Registe | red Agent/Reg | gistered Office | Change and fee | (s) are submitted for filing. |
| Please | return all corre | espondence co | ncerning this n | natter to the foll | owing: |
| | Michae | Name of P | erson | | |
| | Ī | Firm/Comp | | | |
| | 6111 5 | Jer O. Address | Ls Dav | e | |
| | Zephyr | hills Fo | 33547 Zip Code | 2 | |
| 1 | Mfarce : | (to be used for | GS Par +SE or future annual | report notificat | Com tion) |
| For fu | rther informati | on concerning | this matter, ple | ease call: | |
| M | | arre (| | at (<u>213</u> | 477-0966 Area Code & Daytime Telephone Number |
| | Registration Division of C Clifton Build 2661 Execut | Corporations | cle | Regist Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 trassee, Florida 32314 |
| | Enclosed is | a check for th | e following ar | nount: | |
| | S25 Filing | g Fee | | □ \$55 H | Filing Fee & Certified Copy |
| INHS1 | 8 (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.

| 10/100 | . | | ~ | _ | |
|--|---|----------------------------------|---|---|--|
| l. Na | me of the limited liability company: Green Cha | 500 1 | s Driving | Range_ | |
| 2 (a) | |) (h | o) | | |
| <u>-</u> . (ω) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| Mailing a | address of limited MAY BE POST | |
| | | | | | |
| | June 8 2017 | | L17000 | 012550 | 6 |
| 3. | Date of filing/registration in Florida 4 | | Docur | ment number | |
| 5. (a) | Cheyenne Moseley United State | 75 | Lorporation | Azents I | nc, |
| | Registered Agent and Registered Office shown on the records of the F | lorida | Dept. of State: | <i>J</i> | |
| | | | | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET ADDI | | | <u>﴾ مسم</u> : | 7 |
| | Tampa .FL 3 | 4 | | | 17 JUL 3 I |
| | Tampa El 3 | スコ | 612 | > S | <u>.</u> <u>.</u> |
| | , 12 | | 01- | ~;- ;::, | - < |
| (b) | | | | | |
| (-, | Enter name of NEW Registered Agent and/or NEW Registered Office | ce ad | dress: | GR GR | M 7: |
| | Michael & Farrell | | | 10 X | |
| | NEW Registered Office Address: | Ī | | | |
| | 6111 Silver Daks Drive | | | | |
| | 1 | | | | |
| - | Lephych. 11s FL 3 | 3 3 4 | 507 | | |
| If the li | imited liability company is not organized under the laws o | f the | : State of Florida, i | it is hereby con | firmed that after |
| the cha | inge or changes are made, the Florida street address of the | regi | stered office and the | he business offi | ice of the registered |
| | will be identical. Or, in the case of a Florida limited liabili ere authorized by an affirmative vote of the members of the | | | | |
| | icles of organization or the operating agreement of the limi | | liability company. | | · |
| | for theel | _ \ | <u>Kyle</u> | Farre (| |
| _ | fure of a member or authorized representative of a member | - | | | |
| I herei provisi the obl to mere notified | by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here d in writing of this change. | o açı form r in (rby c | t in this capacity, ance of my duties, Chapter 605, F.S. onfirm that the lim | I further agree and I am famil Or, if this doct aited liability co | to comply with the liar with and accept ment is being filed ompany has been |
| Signatu | are of Registered Agent | | | | |