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COVER LETTER

	Registration Section Division of Corporations					
SUBJE	Bizlinks Golf, LLC					
BOBOL	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered Office	e Change and fee	e(s) are submitted for filing.			
Please r	return all correspondence concerning this	matter to the fol	lowing:			
Nichol	as J. Roselli					
	Name of Person					
Rosell	i & McNelis, P.A.					
	Firm/Company					
4800 N	N. Federal Hwy., Suite 202E					
	Address					
Boca f	Raton FL 33431					
	City/State and Zip Code					
njrose	lli@gmail.com					
E-	mail address: (to be used for future annua	al report notifica	tion)			
For furt	her information concerning this matter, p	lease call:				
Nichola	as Roselli	561	826-0826			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAI	LING ADDRESS:			
	Registration Section Registration Section					
	Division of Corporations		Division of Corporations			
	Clifton Building		Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	nassee, Florida 32314			
	Englosed is a check for the following amount:					
	\$25 Filing Fee	Q \$55	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.

1. Na	me of the limited liability company: Bizlinks Golf,	LLC		
2. (a)	4800 N. Federal Hwy.	(b) 4800 N. Federal Hwy.		
 (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit	
	Suite 202 E	Suite	202 E	
	Boca Raton, FL 33431	Boca	Raton, FL 33431	
	10/13/17	L17000)212838	
3.	Date of filing/registration in Florida	4.	Document number	r
5. (a)	Nicholas J. Roselli			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	 State:	
	4015 Sabal Lakes Rd.			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		
	Delray Beach .FL	33445		
				a treat
(b)	Nicholas J. Roselli, Esq.		<u>.</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		8. NOV
	4800 N. Federal Hwy.			Gr. Gs
	NEW Registered Office Address:			
	Suite 202 E			€ 6
	Boca Raton FI	33431	:	3* W
If the li	imited liability company is not organized under the law inge or changes are made, the Florida street address of	vs of the State of	Florida, it is hereby c	onfirmed that after
agent v	vill be identical. Or, in the case of a Florida limited lia	ability company,	it is hereby confirmed	that the change(s)
was/we the arti	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the limited liab	ility company or as ot	herwise provided in
	N human		touas Roseu	-1
Signa	fure of a member or authorized representative of a member		Printed or typed name	e of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide fly reflect a change in the registered office address, I is the of Registered Agent	ree to act in this o performance of i d for in Chapter hereby confirm th	capacity. I further ago ny duties, and I am fa 605, F.S. Or, if this d aat the limited liability	ree to comply with the miliar with and accept ocument is being filed ocompany has been