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PICK-UP WAIT MAIL				
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/05/2021

D	11/05/2021				
	Acc#120160000072				
Name:	FLORIDA ELITE GOLF AND TRAVEL, LLC				
Document #:					
Order #:	13969483				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:				
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Certified: Plain: COGS: Amount: \$ 25.00				

Thank you!

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	FLORIDA ELITE GOLF AND TRA	FLORIDA ELITE GOLF AND TRAVEL, LLC Name of Limited Liability Company				
SOME						
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please re	turn all correspondence concerning thi	s matter to the following:				
Joseph F.	. Verciglio					
	Name of Person					
Baker &	Hostetler LLP					
	Firm/Company					
Key Tow	er, 127 Public Square, Suite 2000					
	Address					
Clevelan	d, OH 44114					
	City/State and Zip Code					
-	o@bakerlaw.com					
E-r	nail address: (to be used for future annu	ual report notification)				
For furth	ner information concerning this matter.	please call:				
Joseph F.	Verciglio	216 861-7713 at ()				
	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				
1	Enclosed is a check for the following	amount:				
(□ \$25 Filing Fee	1 \$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

1. Na	ame of the limited liability company: FLORIDA ELIT	TE GOLF AND TRAV	EL, LLC	
2. (a)				
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	····	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9223 TIBET POINTE CIRCLE	9223 TIBI	ET POINTE CIRCLE	
	WINDERMERE, FL 34786	WINDER	WINDERMERE, FL 34786	
	11/21/2018	L18000272	918	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	DAVIS, WILLIAM J. II			
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Stat	2021 NOV SEVICE SEVICE	
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)		
	9223 TIBET POINTE CIRCLE			
	WINDERMERE, FL , F	L		
<i>(</i> L)	C T Corporation System			
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	$_{-}$	
			_	
	NEW Registered Office Address:		-	
	1200 South Pine Island Road		_	
	Plantation, F	L	_	
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the registered offic liability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
ſ	of just Come	William Jack Da		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and completing ignitions of my position as registered agent as providely reflect a change in the registered office address, It is writing of this change.	e performance of my ed for in Chapter 60. Thereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
By:	Madone Ludby As	ladonna Cuddihy, ssistant Secretary		
Signatu	re of Registered Agent	•		

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