## 1190000 49824

(Requ	uestor's Name)			
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(Document Number)				
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NOV 13 2020 M. SOLOMON

## **COVER LETTER**

Division of Corporations				
College Club Manor, LLC SUBJECT:				
	ited Liability Company	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Michael N. Moses				
Name of Person				
Michaelson Real Estate Group, LLC				
Firm/Company	<del></del>	400	20	
4710 State Road 13 North		i t	2020 OCT -6	
Address	<del></del>	中央10mm	-6	
Saint Johns, Florida 32259			PM 2:	
City/State and Zip Code	<del></del> _	350	2: 36	********
mmoses@michaelsongroup.com		1,	6	
E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please cal	11:			
Elizabeth Moses 904	880-0000			
Name of Person	Area Code & Daytime Telephone Num	ber		
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
Talialiassee, TE 32314	Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
■ \$25 Filing Fee	□ \$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.

i. Na	ame of the limited liability company: College Club Ma	anor, LLC						
2. (a)		(b)						
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<del>-</del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	No change	<del>_</del> _	No chang	1c charge				
	·			_				
	02/26/2019	L19	000049824					
3.	Date of filing/registration in Florida	4.	Document number	er				
5. (a)	Michael N. Moses (No change to name of Reg. Agent	Address change	only)					
J. (u)	Registered Agent and Registered Office shown on the records o	of the Florida Dep	t. of State:					
	OLD ADDRESS							
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<del></del>					
	12443 San Jose Boulevard, Suite 604			,	28			
	Jacksonville , F	L		Jan Seg	2 <b>020</b> OC	ï		
(b)	NEW ADDRESS			銀 20 元 10 元 11 元	9-1	-		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	<u>;</u>	13				
	Michael N. Moses (No change to name of Reg. Agent	e only)	FERE	2: 36				
	NEW Registered Office Address:	<u> </u>	<del></del>		Ů.			
	4710 State Road 13 North							
	Saint Johns	L 32259						
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited letter authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	e registered of iability compa of the limited e limited liabil	fice and the business offi iny, it is hereby confirmed liability company or as o	ice of the id that the otherwise i	egiste: change	red e(s)		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect archange in the registered office address, I d'inwriting of this change.	gree to act in t e performance ed for in Chap hereby confir	- <del>*</del>	_	iply wi h and s bein has b	th the accept g filed een		