## Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE PGA AT SAINT LUCIE COUNTY LLC

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JUN 15 2022

## 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. 1	lame of the limited liability company: PGA at Sain	t Lu	cie County	y LLC				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<b>-</b> -		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
3.	03/17/2020  Date of filing/registration in Florida	- <b>4</b> .	L2000	00084367				
		-		Dogument hando	-1			
5. (a			<del> </del>	-				
	Registered Agent and Registered Office shown on the records of th  1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET A)	———	·	e: -				
Œ.	TALLAHASSEE, ,FL	32	301-2525	-		2022 JUN		
(b)	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered Of	)fflce	address:	~	. •	$\leq$	<u> </u>	
		<u> </u>	·			<u>-</u> -	=>3	
	801 US Highway 1				•	<del>-71</del>	THE S	
	NEW Registered Office Address:			-		PH 4: 02	) )	
	North Palm Beach , FL	_33	408	_				
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lines.	egiste ility the li	ered office and company, it is mited liability	d the business offi s hereby confirmed v company or as o	ce of the d that the	registe: change	red :(s)	
	bottines.		Carol Petti	ne Attorney-i	n Fact			
I here provis the object to me notifie	and of member or authorized representative of a member  thy accept the appointment as registered agent and agree  ions of all statutes relative to the proper and complete pe  ligations of my position as registered agent as provided f  rely reflect a change in the registered office address, I he  dain writing of this change.  Carol Pettine, Special Secretar  use of Registered Agent	e to a erfori for in reby	ct in this capa	Printed or typed name acity. I further ago duties and I am fa	ic of signed ree to co- miliar w	mply wi ith and	accept	