SIGNATURE:

2000	OMIFORM BUSI	ME22 KEN)Kı	(UDK)						
DOCUMENT # L9900007818 1. Entity Name						Se No	FLE	, and		
GOLDEN SPRINGS, LLC						DIVISIO	ETARYTI FOF CON	O PESTATE PORATIONS		
		<u> </u>				DO FFR	22 11	1 9: 11		
4401 GULF S	ce of Business Hore Boulevard Monaco Beach Club 14103	Mailing Address 4401 GULF SHORE BOULEVARD APT. 1207D. MONACO BEACH CLUB NAPLES FL 34103-3450							1 11 111 1 11 11	
2. Principal Place of Business 1 2200 Sun Servando AVE 3. Mailing Address 1 200 Sun Servando AVE 1 200 Sun Servand					-					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	Mineral Springs FC	City & State			4. FEI Number Applied For Not Applicable					<u>, </u>
3428	Country USA	Zip	Cour	ntry		ificate of Status Des		Fee Require	ditional ed	
	6. Name and Address of Current F	egistered Agent		Name	7. Nam	e and Address of N	iew Hegiste	erea Agent	, her	1
GUNDERSON, MIKO P 1861 PLACIDA ROAD, SUITE 204 ENGLEWOOD FL 34223				Street Address	(P.O. Box N	Jumber is Not Acce	otable)			
				City				FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent,	or both, in the State		• •		-
SIGNATURE .	Signature, typed or printed name of registered agent at	d title if englicable (NO)	F: Registere	rd Agent signature require	d when reinstat	ng)	D	ATE		
		1		EEE IS \$50.00						1
			~	o Department			- ·			
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDIT	ONS/CHAN	IGES		1_
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM ULLMANN, EDWARD 4401 GULF SHORE BOULEVARD NAPLES FL 34103	□ Decision			•	nf316	100	Change	Addition	2E083 (9/
TITLE NAME STREET ADDRESS CITY-\$7-ZIP		☐ Delate		1		7		□ Change 2040 - -01046(0	4 203 55.00	⊢Œ
TITLE NAME STREET ADDRESS CITY- ST-ZIP		Delete	TITL MAM STRI	E				☐ Change	Addition	_
TITLE WARE STREET ADDRESS CITY-ST-ZIP		☐ Delete			,			Change	Addition	
TITLE MAME STREET AODRESS CITY-SŢ-ZIP		☐ Delista		ĺ				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delata		ŀ				Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and t billity company or the receiver or trustee	hat my signature shall have	the same	e legal effect as if r	made unde	roath: that I am a r	utes. I furthe nanaging me	er certify that the i ember or manage	nformation er of the	

Daytime Phone #