## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CORPWORKS INC.

Account Number : 120070000066 Phone : (303)393-8800

Fax Number : (303)393-8900

### REGISTERED AGENT CHANGE

#### HERITAGE GOLF WESTON, LLC

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S. HAWKES AUG 1 L 2009

**EXAMINER** 

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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Heritage Golf Weston, LLC		
(Name of Limited Liability Company)		
•		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:		
	٠	
Mahaal Mirriana		
MIchael Mirrione (Name of Person)		<del></del>
(1.2.10 01.70,000)		
US CorpWorks Inc.	,	,
(Firm/Company)		
1638 Pennsylvania Street		
(Address)		
Denver, CO 80203		
(City/State and Zip Code)		<del></del>
For further information concerning this matter, please call:		
Michael Mirrione	. 202	չ 393.8800
(Name of Person)	at ( 303	(Area Code & Daytime Telephone Number)
(Name of Ferson)		(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	M	ATT INC ANNIMES.
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
✓ \$25 Filing Fee & Certified Copy		

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Heritage Golf Weston, LLC 2. The mailing address of the limited liability company is: 12750 High Bluff Dr. 4th Floor, San Diego, CA 92130 08/20/2002 M02000002183 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Road Address Plantaion, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable) Weston City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) See attached (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services. Inc. (Signature of Registered Agent)

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

Michael Mirrione, Assistant Secretary

Heritage Golf Weston, LLC, a Delaware limited liability company By: Heritage Golf Florida, Inc., a

3033938900

**Delaware Corporation** 

Its: Secretary

Name: Angela Kasten

Title: Secretary