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From:			
	Account Name : M. BURR KEIM COMPANY	• • • • • • • • • • • • • • • • • • • •	- 1
	Account Number : I1999 <del>0000</del> 242		- "
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## LLC REGISTERED AGENT CHANGE THE CLUB AT HAMMOCK BEACH, LLC

Certificate of Status	0
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## 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. N	arne of the limited liability company:THE CLUB	AT HAMMO	CK BEACH, LLC		
2. (a)	171 17TH STREET NW	(b) 17	171 17TH STREET NW		
()	Principal office address of limited limbility company: (Note: MUST BE STREET ADDRESS)	(7,	Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 1575	SU	JITE 1575		
	ATLANTA, GA 30363	<u>A</u> 7	FLANTA; GA 30363		
	01/22/2003	MO:	M03000000258		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	TEE, VIRGINIA ESQ.				
J. (B)	Registered Agent and Registered Office shown on the records	of the Florida Dept	. of State:		
	200 OCEAN CREST DRIVE				
	Registered Office Address (MUST BE FLORIDA STREE				
	SUITE 31 - LEGAL DEPT				
	PALM COAST	FL 32137	_3		
		· <b>-</b>			
(b)	W. BRADLEY MUNROE, ESQUIRE				
	Enter name of NEW Registered Agent and/or NEW Register				
	239 E. VIRGINIA STREET		5 5 1		
	NEV Registered Office Address:				
	TALLAHASSEE, I	FL,32301			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are autoprized by an affirmative vote of the members teles of organization or the operating agreement of the true of a number of authorized representative of a member	of the registered liability compass of the limited liability he limited liability	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  ILDE  Printed or typed name of signec		
$-\mathbf{U}$	by accept the oppointment of registered agent and a tions of all statutes relative to the proper and complaints of my position as registered agent as providing reflect a change in the registered office address, describing of this change.	gree to oct in the serious of the performance ded for in Chap I hereby confin	ils capacity: I further agree to comply with the of my duties, and I am familian with and accept the 605. F.S. Or, if this document is being filed in that the limited liability company has been		

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