M040000001694

(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



900176319479

04/28/10--01005--010 **25.00



S. HAWKES

APR 2 0 2010

EXAMINER

COVER LETTER

Registration Section

Division of Corporations Club at Lake Jackson, LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Matt Thompson Name of Person National Registered Agents, Inc. Firm/Company 11600 College Blvd., Suite 210 Address Overland Park, KS 66210 City/State and Zip Code ddishon@gannonintl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Matt Thompson Name of Person Area Code & Daytime Telephone Number **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713 ***

April 14, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Club at Lake Jackson, LLC

Statement of Change of Registered Office or Registered Agent or Both for Limited

Liability Company

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned Club at Lake Jackson, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Wendi M. Cook National Registered Agents, Inc.

Enclosure - Check

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. Name of the limited liability company:	Club at Lake Jackson, LL&	
2. (a) Principal office address of limited liability compan	y: 4.5 %	
(Note: MUST BE STREET ADDRESS)	11301 Olive Boulevard St. Louis, MO 63141	
(b) Mailing address of limited liability company:	767.	
(Note: MAY BE POST OFFICE BOX)	11301 Olive Boulevard St. Louis, MO 63141	
03/23/2006	M0600001694	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Michael Hoeflinger	
Registered Office Address:	11803 NE 11 Place Biscayne Park, FL 33161	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address: NRAI Services, Inc. 2731 Executive Park Drive, Suite 4	
(MUST BE FLORIDA STREET ADDRESS)	Weston ,FL33331	
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 trember or authorized representative of a member		
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. by: Matt Thompson, Assistant Secretary Signature of Registered Agent		

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