98000003482 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)878-5368

LLC REGISTERED AGENT CHANGE FS ORLANDO GOLF, LLC

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

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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 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.

ASSAU, OF BOING IN the State of Literature.		
1. Name of the limited liability company: FS ORLAND	o GOLF, LLC	
 (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 	pany: 1165 LESLIE STREET TORONTO ON M3C 2-K8 C	A
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1165 LESLIE STREET TORONTO ON M3C 2-K8 C	:A
08/07/2008	M08000003680	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	CORPORATION SERVICE	COMPANY
Registered Office Address:	120) HAYS STREET TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent:	NEW Registered Office addr	· <u>C58</u> ;
NEW Registered Office Address:	1200 South Pine Island Road	
(MUST BE FLORIDA STREET ADDRESS)	Plantation	FL 33324
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of the lentical. Or, in the case of a Fl e(s) was/were authorized by a	registered office lorida limited a affirmative vote of
Signature of a member or nuthorized representative of a member		•
Lynne Moorhend Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. proper and complete perform position as registered agent a merely reflect a change in the any has been notified in writh	I further agree to ance of my duties, is provided for in registered office ig of this change
by: Wendy	Perez de Aléjo. ant Secretary	1
Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 3231	4 NOV
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