

From:

11/02/2017 16:52

#708 P.001/004

Division of Corporations

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M0800004612
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLUB EXPLORIA, LLC**

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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NOV-03-2017
J. HARRIS

From:

11/02/2017 16:52

#708 P.002/004

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Club Exploria, LLC

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: MO8000004612

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 14, 2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Cogency Global Inc.

New Registered Office Address: 115 N. Calhoun Street, Suite 4

Enter Florida Street Address

Tallahassee

City

Florida

32301

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

Donna Marie Cummings
If Changing Registered Agent, Signature of New Registered Agent

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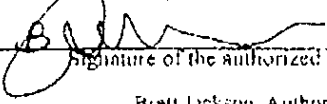
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRE Echo Group, LLC	25 Town Center Boulevard, Suite C	<input checked="" type="checkbox"/> Add
		Clermont, FL 34714	<input type="checkbox"/> Remove
MGR	Summer Bay Partnership	25 Town Center Boulevard, Suite C	<input type="checkbox"/> Add
		Clermont, FL 34714	<input checked="" type="checkbox"/> Remove
SEC	Mary Kay Racher	25 Town Center Boulevard, Suite C	<input type="checkbox"/> Add
		Clermont, FL 34714	<input checked="" type="checkbox"/> Remove
ADMIN	Joe H. Scott, Sr.	25 Town Center Boulevard, Suite C	<input type="checkbox"/> Add
		Clermont, FL 34714	<input checked="" type="checkbox"/> Remove
		See Appendix A attached hereto and made	<input type="checkbox"/> Add
		a part hereof	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the Authorized Representative
Brett Jackson, Authorized Person
Typed or printed name of Signee

Filing Fee: \$25.00

2017 NOV -2 PM 8:44

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Appendix

To

**Application by Foreign Limited Liability Company to File Amendment to
Certificate of Authority to Transact Business in Florida**

Club Exploria, LLC

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/Capacity	Name	Address	Type of Action
President	Georgette Gladson	1065 Executive Parkway, Suite 300 St. Louis, MO 63141	Remove
Vice President	Karen Kraftchick	25 Town Center Boulevard Suite C Clermont, FL 34714	Remove

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