M12000006662

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(De	ocument Number)			
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DEPARTMENT OF STATE

LC PAChanger
PAChanger



CORPORATION SERVICE COMPANY: ACCOUNT NO. : 12000000195

REFERENCE : 365300 7385716

AUTHORIZATION :

COST LIMIT :

ORDER DATE: November 4, 2014

ORDER TIME : 3:25 PM

ORDER NO. : 365300-045

CUSTOMER NO: 7385716

CHANGE OF AGENT

NAME:

SEQUOIA MANAGEMENT SERVICES

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section

Divi	sion of Corporations		
SIB IECT.	SEQUOIA MANAGEMENT SERVICES		··
SUBJECT:	Name of	Limited Liability Company	
Dear Sir or I			
The enclosed	d Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·		
	Name of Person		
	Firm/Company		
	Address		
	City/State and Zip Code		
	eder@Clubcorp.com address: (to be used for future annual r	report notification)	
	nformation concerning this matter, plea		
1 or runner r	mornation concerning this matter, prea	se can.	
	Name of Person	t () Area Code & Daytime Telephone Numbe	:
CTT	REET/COURIER ADDRESS:	MAILING ADDRESS:	u.
	istration Section	Registration Section	
	ision of Corporations	Division of Corporations	
	ton Building	P.O. Box 6327	
266	1 Executive Center Circle ahassee, Florida 32301	Tallahassee, Florida 32314	· · · · · ·
Enc	losed is a check for the following amo	ount:	
□ \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/1	4)		

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.

l. N	ame of the limited liability company: Sequoia Manag	ement Se	rvices LLC	<u> </u>		_
2. (a)	3030 LBJ Freeway, Suite 600	(b)	,			
(-/	Principal office address of limited liability company:	_ (-,		Mailing address of limited I	liability company:	_
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST		
	Dallas, TX 75234					
					·····	-
	November 30, 2012	mand	M120000	06662		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a)	CT Corporation System					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	:		
	Registered Office Address	IDDRESS		-		
	1200 SOUTH PINE ISLAND ROAD			-	No. 7.	
	Plantation , FL	33324			7	h •
(b)	Corporation Service Company					
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-		
					် က	ļ.
	1201 Linux Stead				ووحد أأأنا والم	1.4
	1201 Hays Street NEW Registered Office Address:			.		L
	NEW Registered Office Address:			•	÷.	
					2	
				-	•	
	Tallahassee , FL	32301		_		
the ch agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regise ability co of the limited l	tered officempany, it is ited liability constants.	e and the business offi s hereby confirmed the y company or as other apany. , Manager	ice of the register at the change(s) wise provided in	;d
· 6.	ature of a member of authorized representative of a member			Printed or typed name of		
		ree to act performe d for in (hereby co	in this cap ince of my hapter 60: infirm that	acity. I further agree duties, and I am Jamil 5, F.S. Or, if this docu the limited liability co	to comply with the lar with and accessing the large state of the large	e pi d
	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	ree to act perform d for in (hereby co	in this cap ince of my hapter 60: infirm that	acity. I further agree duties, and I am Jamil 5, F.S. Or, if this docu the limited liability co Courtney W	to comply with the lar with and accessment is being file ompany has been tilliams	e pt d

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