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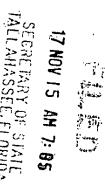
(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: November 13, 2017

Order#: 892959-021

Re: NWNG GOLF LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	me of the limited liability company:	NWNG GOLF L	LC						
2	(a)	1819 Wazee , 2nd Floor		(h)					
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Denver CO	80202							
		09/13/2013			M130000	05792				
3.		Date of filing/registration in	n Florida	4.		Document nun	nber			
5.	(a)	C T Corporation System				_				
	` ′	Registered Agent and Registered Office sho	gistered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		1200 South Pine Island Road								
		Registered Office Address (MUST BE F	ADDRESS	2	-					
							THE SE	17		
		Plantation	, FL	33324		-	CRETARY OF STATE AHASSEE FLORIDA	MOV 15	i (
	41.5	Cornection Service Company					SEI YY	S	i. All pares	
	(b)	(b) Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O			dress:	-			177	
		The state of the s	, , , , , , , , , , , , , , , , , , ,	<u> </u>			107 11.5	7	ومست ، آن آگھوں)	<i>:</i>
		1201 Hays Street					36	61. 65)		
		NEW Registered Office Address:	***************************************	-	2.2					
						-				
		Tallahassee	, FL	32301		_				
the ag wa	e cha ent v is/we	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	street address of Florida limited lia of the members of agreement of the	the regise ability con fithe limited l	stered office ompany, it is ited liability iability con	e and the busine s hereby confir y company or a	ess office med that	of the	e registe ange(s)	red
	Signa	ture of a member or authorized representative	Jiirii, Addio	Printed or typed name of signee						
pri the to no	ovisi e obl mere tified	by accept the appointment as register on so full statutes relative to the project of the registered of the writing of this change. The of Registered Agent Corporation Ser	per and complete agent as provide office address, I i	ree to act performe d for in C hereby co	in this cape ance of my c Chapter 605 onfirm that	acity. I further duties, and I an i, F.S. Or, if th the limited liab	agree to n familia is docum ility com	comp r with ent is pany	ly with t and acc being fit has been	the ept led 1
Si	gnatu	re of Registered Agent Corporation Ser	vice Company	BY: G	race E. Kir	rby, Asst. Vice	e Presid	ent		