

To: 18506176384 From: 12143052508 Date: 09/12/19 Time: 10:39 PM Page: 01/03

9/12/2019

Division of Corporations

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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
CONCERT LEGACY ALAQUA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: CONCERT LEGACY ALAQUA, LLC

Enter new principal office address, if applicable: 1700 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 1700 ALAQUA LAKES BLVD.
LONGWOOD, FL 32779
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M13000006004

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/20/2013

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 office 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: _____

New Registered Office Address: _____
Enter Florida Street Address

City Florida 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.

If Changing Registered Agent, Signature of New Registered Agent

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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)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	PETER J. NANULA	1 COASTAL OAK	☒ Add
		NEWPORT COAST, CA 92657	☐ Remove
MANAGER	CONCERT GOLF PARTNERS HOLDING LLC	1200 BRIDGEWATER DR	☒ Add
		HEATHROW, FL 32746	☐ Remove
MANAGER	PETER NANULA	1918 8TH AVENUE, 34TH FLOOR	☐ Add
		SEATTLE, WA 98101	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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

PETER J. NANULA

Typed or printed name of signee

Filing Fee: \$25.00

FILED
19 SEP 13 PM 10:30
TALLAHASSEE, FLORIDA