

MP5000007895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



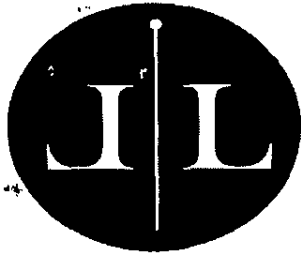
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DEC 13 2016

S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 12 PM 4:18



Lenti Law

Business – Real Estate – Personal Injury

December 10, 2016

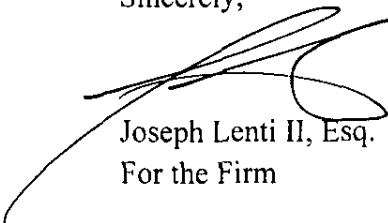
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed please find a check in the amount of \$100.00 for the filing fees and the articles of amendment for the following companies:

1. GH Holdings USA, LLC
2. Treasure Cove Vacation Club, LLC
3. Atrium Corporate Center, LLC
4. Melbourne Corporate Center, LLC

Thank you for your attention to this matter and should you have any questions, please feel free to contact my office.

Sincerely,


Joseph Lenti II, Esq.
For the Firm

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GH Holdings USA, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Houghton

Name of Person

GH Holdings USA, LLC

Firm/Company

217 N. Westmonte Drive, Suite 1004

Address

Altamonte Springs, FL 32714

City/State and Zip Code

gary.houghton@ghgroupuk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Houghton

Name of Person

at (407) 757-6415

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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TALLAHASSEE, FLORIDA
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**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: GH HOLDINGS USA, LLC

Enter new principal office address, if applicable:

217 N. WESTMONTE DRIVE

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 1004

ALTAMONTE SPRINGS, FL 32714

Enter new mailing address, if applicable:

217 N. WESTMONTE DRIVE

(Mailing address

MAY BE A POST OFFICE BOX)

SUITE 1004

ALTAMONTE SPRINGS, FL 32714

2. The Florida document number of this limited liability company is: M13000007895

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 12/12/2013

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 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: LENTI LAW P.A. c/o JOSEPH LENTI II, ESQ

New Registered Office Address: 217 N. WESTMONTE DRIVE, SUITE 1004

Enter Florida Street Address

ALTAMONTE SPRINGS, Florida 32714

City

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

16 DEC 12 PM 4:18
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
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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

GEORGE HOUGHTON, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00