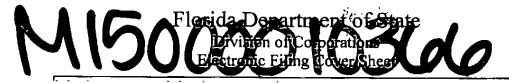
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000334535 3)))



H170003345353ABC+

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: INCORP SERVICES INC Account Name

Account Number: I20120000007

Fax Number

Phone : (702)866-2500 : (702)866-2689

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

LLC REGISTERED AGENT CHANGE MULLIGANS VERO ACQUISITION LLC

	
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Mulligans Vero Acquisition LL	c				
	me of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Georgia Dorsam					
Name of Person					
InCorp Services, Inc.					
Firm/Company	•				
3773 Howard Hughes Parkway, Suite 500	os .				
Address					
Las Vegas, NV 89169-6014					
City/State and Zip Code					
managedreports@incorp.com					
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter	r, please call:				
Georgia Dorsam for InCorp Services, Inc	# (
Name of Person	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:					
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)	H17000 334535 3				

H170003345353

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.	N	me of the limited liability company: Mulligans Vero	Acqu	isition LLC	
2.	(a)	1025 Beachland Blvd		(b)	
	\- ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
		Vero Beach, FL 32963	-	,	
		12/29/2015	_	M1500001	0366
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	CORPORATION SERVICE COMPANY			_
	` '	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept, of State	≅
		1201 Hays Street			, 53
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			· • • • • • • • • • • • • • • • • • • •
					<u>,</u>
		Tallahassee	323	301-2525	1 .
		· · · · · · · · · · · · · · · · · · ·	7.7.	Y.	٠
	(b)	InCorp Services, Inc.		,	<u>.</u>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			iddress:	$\overline{\mathcal{O}}$
		47000 0711 0 444 11			- -
		17888 67th Court North			-
		NEW Registered Office Address:			
			· · ·		-
		Loxahatchee		33470	
ag wa th	e cha ent v s/wi e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members o icles of organization or the operating agreement of the ture of a member or approxized representative of a member by accept the appointment as registered agent and agree	the republity f the limited	gistered office company, it is mited liability I liability con reg Carey	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee
pr thi to no	ovisi e obl mer illie	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Georgia Dorsam on			
Si	gruatu	ore of Registered Agent	aci ic	# C4 1001	ρ Ουί 11003, 1110.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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