

MI7000001035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

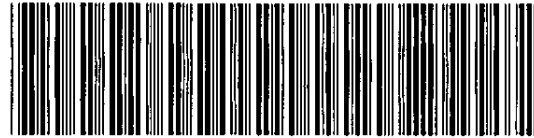
(Business Entity Name)

(Document Number)

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Date: June 09, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: M090390

Entity Name: CONCERT INDIAN SPRING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

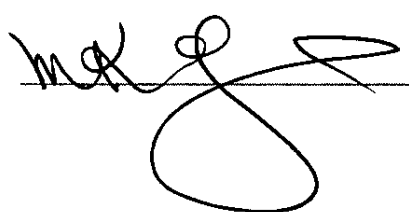
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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Authorized Amount: \$25.00

Signature: 

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10 E 40TH ST, 10TH FL  
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800.221.0102  
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COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTRY NUMBER  
6 BEVIS MARKS, 1ST FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

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199 DES VOEUX RD CENTRAL  
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 NY, NY 10016  
 800.221.0102  
 +1.212.947.7200

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 COGENCY GLOBAL (UK) LIMITED  
 REGISTERED IN ENGLAND & WALES  
 REGISTRY 1803972  
 6 BEVIS MARKS, 1ST FL  
 LONDON EC3A 7BA  
 +44 (0)20.3786.1090

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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: CONCERT INDIAN SPRING, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000001035

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: February 6, 2017

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida  
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

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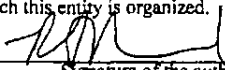
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Removal of FC Golf GP II, LLC as Manager and Peter J. Nanula as Managing Member and Add Peter J. Nanula as Manager

| <u>Title/ Capacity</u> | <u>Name</u>        | <u>Address</u>           | <u>Type of Action</u>                      |
|------------------------|--------------------|--------------------------|--|
| Manager                | FC Golf GP II, LLC | 11501 E. Clair Ranch Rd. | <input type="checkbox"/> Add               |
|                        |                    | Boynton Beach, FL 33437  | <input checked="" type="checkbox"/> Remove |
| Managing Member        | Peter J. Nanula    | 1 Coastal Oak            | <input type="checkbox"/> Add               |
|                        |                    | Newport Coast, CA 92657  | <input checked="" type="checkbox"/> Remove |
| Manager                | Peter J. Nanula    | 1 Coast Oak              | <input checked="" type="checkbox"/> Add    |
|                        |                    | Newport Coast, CA 92657  | <input type="checkbox"/> Remove            |
|                        |                    |                          | <input type="checkbox"/> Add               |
|                        |                    |                          | <input type="checkbox"/> Remove            |
|                        |                    |                          | <input type="checkbox"/> Add               |
|                        |                    |                          | <input type="checkbox"/> 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

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