

M18000010242

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

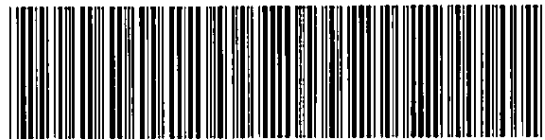
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 03/03/2023

Acc#120160000072

*an: c DW*

Name:	CLUBUP, LLC
Document #:	
Order #:	14750928

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

**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. Name of the limited liability company: CLUBUP, LLC
2. (a) 15044 N SCOTTSDALE RD  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
SUITE 300  
SCOTTSDALE, AZ 85254
- (b) 15044 N SCOTTSDALE RD  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
SUITE 300  
SCOTTSDALE, AZ 85254
3. 11/14/2013 Date of filing/registration in Florida
4. M18000010242 Document number

5. (a) CAPITOL CORPORATE SERVICES, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
515 E PARK AVE

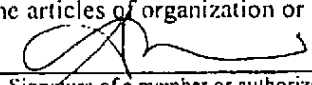
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2ND FL  
TALLAHASSEE, FL 32301

- (b) CT Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

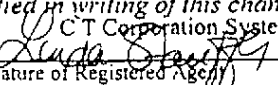
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Angela Marnell, Authorized Person

Printed or typed name of signee

*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.*

By:  CT Corporation System Linda Stauffer, Assistant Secretary  
Signature of Registered Agent

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

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TALLAHASSEE, FL  
DIVISION OF STATE