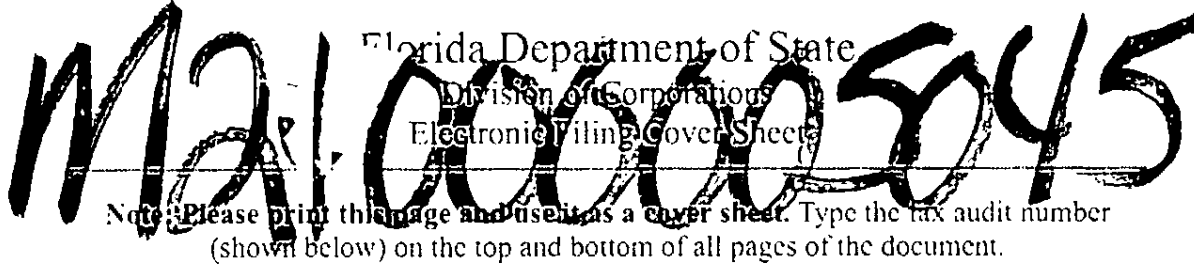


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Division of Corporations



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407)418-2435
Fax Number : (407)420-5909

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

Email Address: Ali.Sachoo@gtlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAMPIONS VILLAGE KISSIMMEE, LLC

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

T. LEMIEUX
NOV 26 2024

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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: Champions Village Kissimmee, LLC

Enter new principal office address, if applicable: n/a

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000005045

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 28, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: n/a
(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: Capitol Corporate Services, Inc.

New Registered Office Address: 515 East Park Ave., 2nd Floor

Enter Florida Street Address

Tallahassee

City

Florida 32301

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.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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:

n/a

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>
MGR	Cornerstone-ICM 5, LLC	8660 W. Irlo Bronson Memorial Highway	<input type="checkbox"/> Add
		Kissimmee, FL 34747	<input checked="" type="checkbox"/> Remove
ARep	Carlos Balzola	8660 W. Irlo Bronson Memorial Highway	<input type="checkbox"/> Add
		Kissimmee, FL 34747	<input checked="" type="checkbox"/> Remove
ARep	Edward Carlson	8660 W. Irlo Bronson Memorial Highway	<input type="checkbox"/> Add
		Kissimmee, FL 34747	<input checked="" type="checkbox"/> Remove
ARep	Ross A. Brennan	Sterling Commons West	<input checked="" type="checkbox"/> Add
		1 Marina Dr., PO Box N-1812	<input type="checkbox"/> Remove
		Paradise Island, Bahamas	<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.

Ross A. Brennan

Signature of the authorized representative

Ross A. Brennan

Typed or printed name of signee

Filing Fee: \$25.00

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