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Company

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 25,00

ORDER DATE: December 18, 2024

ORDER TIME : 12:25 PM

ORDER NO. : 847608-020

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: CG (CHAMPIONSGATE) GOLF L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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	ame of the limited liability company: CG (CHAMPIO	NSGATE	E) GOLF L.	L.C.
2. (a)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1777 WALKER ST, STE 501		1777 W	ALKER ST, STE 501
	HOUSTON, TX 77010	<u> </u>	HOUST	ON, TX 77010
	04/23/1999		М990000	000602
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)				
. (u,	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florid	a Dept. of St	ste:
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	ADDRES	<u>S)</u>	_
	PLANTATION FI	33324		_
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	l Office ad	<u>ldress</u> ;	2
	NEW Registered Office Address:			- SEC 25
	1201 Hays Street			AR S
	Tallahassee FI	32301		2025 JAN -2 PH SECRETARY CE
chang agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	ed office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	M. Mitzner	Ira	M. Mitzner	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I is do not in writing of this change.	ree to ac perform d for in (hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signati	ure of Registered Agent Grace E. Kirby, Asst. Vice President	dent		

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