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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : GREENBERG TRAURIS (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. \*\*

## REGISTERED AGENT CHANGE THE FALLS COUNTRY CLUB, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
and the second s
CASE Inc. Dood
2. The principal office address: 0435 Jug Road  Lake Worth, FL 33467
3. The mailing address (if different); same
4. Dato of incorporation/qualification; 5/6/1985 Document number: N09088
5. The name and street address of the current registered agent and registered office on file with the Piorida Department of State: (If resigned, enter resigned)
Gregory D. Cook, Esq.
Gregory D. Cook, Esq. 515 North Flagler Drive, Suite 900
West Palm Beach, FL 33402
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
John Treiber
GAEE log Dond
P.O. Box NOT acceptable  Lake Worth, FL 33467
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
John Treiber, President  Signature of an other as threster  Hinted or typed mema and time
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been mixipled in writing of this change.
June 20, 2019
Signature of Regulered Agent
If signing on behalf of an entity:
n/a Typed of Printed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE  MAIL TO: (DIVISION OF CORPORATIONS, P.O. BOX 6327; TALLAHASSEE, FE. 32314  CR2E045 (01/12)

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