N10000010712

Office Use Only



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03/28/22--01018--085 **35.80



COVER LETTER

Amendment Section

TO:

Division of Corporations National Croquet Club SUBJECT: Name of Corporation N10000010712 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Sweetser Name of Contact Person National Croquet Club Firm/Company 700 Florida Mango Road Address West Palm Beach Florida 33406 City/State and Zip Code general.manager@croquetnational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Sweetser Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

Pursuant to the statement of cha in orde	inge is submittee	d for a corpora	tion orgai	nized m	nder the i	laws of	the State	of 1	Florida		
1. The name of	the cornoration:	National croc	juet Club	·							
2. The principal	d West	Palm Bea	ach, Flo	rida 3340	06			-			
3. The mailing a	ıddress (if differ	rent): NA	•								
4. Date of incorp	poration/qualific	ration: 2010			Documer	it numb	er: <u>N10</u> 0	000010	0712	. <u> </u>	
5. The name and Florida Depart	d street address (rtment of State:		-	_	nd registe	ered off	ice on fi	le witl	h the	2	
	David Spivey								L CA	922	
	700 Florida Mango Rd.							HASS	2022 MAR 2		
	West Palm Beach Florida 33406								RY OF SEE,	28 A	<u>ا</u>
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi								HAIS.	AM 10: 03	
	Suzanne Turner	r								_	
	P.O. Box NOT acceptable										
The street addreas changed will	ess of its registe be identical.	ered office and	the street	t addres	s of the	busines	ss office	of its	regist	ered a	gent.
Such change wa authorized by th											
	1/1/2) Q		Dav	id McCo	-					
\	et of an officer or du			,			yped name		c		
I hereby accept I further agree of my duties, an document is bei corporation has	to comply with ad I am familiar ing filed merely	the provisions with and acce to reflect a ch	of all stat pt the obl ange in th	tuteš re ligatior lie regis	lative to	the pro	pper and	l comi	plete p agent v confi	erforn Or i rm tha	iance if thi. it the
Augh 21	1/11	NIIX -		03/0	3/2022						
A-sort Vill	क्तिप्राप्तर को रिष्ट्रेम्डिनिस्टरिस	Agent					Date				
If signing on be	half of an entity	y:									
Suzanne Turner	<u> </u>										
Ţ	yped or Printed Nam	c									

* * * FILING FEE: \$35.00 * * *