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: GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A

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REGISTERED AGENT CHANGE THE CLUB AT LA PENINSULA, INC.

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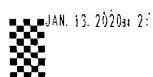
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December 20, 2019

FLORIDA DEFARTMENT OF STATE

Division of Corporations

THE CLUB AT LA PENINSULA, INC. C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 3410/4US

SUBJECT: THE CLUB AT LA PENINSULA, INC.

REF: N10063

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Claretha Golden Regulatory Specialist II FAX Aud. #: H19000365203 Letter Number: 419A00025958

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut inge is submitted for a corporation organized under the laws of the State of Florid r to change its registered office or registered agent, or both, in the State of Florid	la
1. The name of t	the corporation: The Club at La Peninsula, Inc.	
	office address: 10 La Peninsula Blvd., Naples, FL 34113	
3. The mailing a	uddress (if different): 815 Bald Eagle Drive, #201, Marco Island, Ft. 34145	
	poration/qualification: 7/3/1985 Document number: N10063	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	e
	Goede, Adamczyk & DeBoost, PLLC	
	8950 Fontana Del Sol Way, #100	
	Marco Island, FL 34145	Sg. 20
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETARY OF ST TALLAHASSEE,
	GFPAC Services, LLC	178 C
	5551 Ridgewood Drive, Suite 501	of st See,
	P.O Box NOT acceptable Napies, FL 34108	TATE FL
The street addre	ess of its registered office and the street address of the business office of its reg be identical.	istered agent,
Such change was	is authorized by resolution duly adopted by its board of directors or by an official board or the corporation has been notified in writing of the change.	er so
Discourse	David Petrella, MD President	
_	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete d I am familiar with and accept the obligation of my position as registered age ng filed merely to reflect a change in the registered office address. I hereby con been notified in writing of this change.	e performance nt. Or, if this nfirm that the
-	1-13-70	
Sig	nature of Registered Agent Date	
If signing on be	half of an entity:	
Rich	ard C. Grant	
ָּנִד	/pod of Printed Name * * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)