

12/21/2009 12:04 FAX 561 987 8494

GREENSPOON MARDER PA

001/002

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
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**REGISTERED AGENT CHANGE  
ABERDEEN GOLF & COUNTRY CLUB, INC.**

Certificate of Status	0
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12/21/09

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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.

1. The name of the corporation: Aberdeen Golf & Country Club, Inc.
2. The principal office address: 8251 Aberdeen Drive  
Boynton Beach, FL 33472
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/04/1996 Document number: N14025
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Larry Corman, Esq., Greenspoon Marder, P.A.

2255 Glades Road, Suite 414-E

P.O. Box NOT acceptable

Boca Raton, FL 33431

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.

M. Di Pietro  
Signature of an officer or director

Michael Di Pietro  
Chief Operating Officer  
Printed or typed name and title

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 notified in writing of this change.

Larry Corman  
Signature of Registered Agent

12/18/2009  
Date

If signing on behalf of an entity:

Larry Corman  
Typed or 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

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