Iorida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Account Number : FCA000000023 Phone : (954)208-0845

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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.

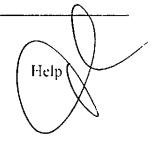
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REGISTERED AGENT CHANGE THE TWINEAGLES CLUB, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



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

in ora	ler to change its registered office or regis	nized under the laws of the State of FLORII tered agent, or both, in the State of Florida.					
1. The name of	the corporation: THE TWINEAGLES CL	UB, INC.		···			
2. The principa	office address: 11725 TWIN EAGLES BI	LVD.NAPLES, FL 34120					
3. The mailing	address (if different):			**********			
4. Date of incom	rporation/qualification: 06/22/2018	Document number: N18000007057	·	··· •			
	nd street address of the current registered a artment of State: (If resigned, enter resign	agent and registered office on file with the ed)					
	DOUGLAS R. BROWN, JR.						
	11725 Twin Eagles Boulevard		2(
Naples, FL 34120							
6. The name an (if changed):	d street address of the new registered age	nt (if changed) and /or registered office	2023 JUH 16				
	C T CORPORATION SYSTEM	<u></u>	À.				
CAOR COLUMN PRINTER OF A DECEMBER OF A DECEM							
	P.O. Bo	x NOT acceptable	25				
	PLANTATION, FL 33324						
The street address changed will	ess of its registered office and the street libe identical.	address of the business office of its registe	ered ager	rt,			
Such change want for ized by the	as authorized by resolution duly adopted by board, or the corporation has been no	by its board of directors or by an officer tiffed in writing of the change.	so				
•	Jim Mouse SECUE TARY Jim Mower. Secretar						
I hereby accept I further acree of my duties, ar document is be corporation ha	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete pi igation of my position as registered agent, e registered office address, I hereby confi	erforman Or, if th on that th	ce nis ne			
Laura	& Broderick	4/18/2023		_			
Sig	malure of Registered Agent	Date					
If signing on be	chalf of an entity: C T Corporation Syste	em e e e e e e e e e e e e e e e e e e					
Laura R Broderi							
<u>'</u> J	yped or Printed Nume						
	* * * FILING FE	E: \$35.00 * * *					