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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

\*\*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  
WALKABOUT GOLF CLUB CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WALKABOUT GOLF CLUB CORP.

Name of Corporation

**DOCUMENT NUMBER:** P10000101251

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:

Julie Ault

Name of Contact Person

Olen Properties

Firm/Company

7 Corporate Plaza Dr

Address

Newport Beach, CA 92660-7904

City/State and Zip Code

jault@olenproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Ault

at ( 949 ) 719-7212

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (03/12)

# 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: WALKABOUT GOLF CLUB CORP.
2. The principal office address: \_\_\_\_\_  
3950 WALKABOUT WAY MIMS, FL 32754
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/15/2010 Document number: P10000101251

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)  
IPPOLITO, FRANCO  
3950 WALKABOUT WAY  
MIMS, FL 32754

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

National Registered Agents, Inc.  
1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

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.

Natalia Ostensen Natalia Ostensen, Secretary  
Signature of an officer or director 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.*

By: Jenifer Vincent 11/04/2016  
Signature of Registered Agent Date

If signing on behalf of an entity:

Jenifer Vincent  
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  
CR2E045 (03/12)