## 12 Of South General Are

Clauton MO 63105
City/State/Zip Phone #

700002751507--4 -01/22/99--01074--004 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## PRPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.		
- •	(Corporation Name)	(Document #)
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۷.	(Corporation Name)	(Document #)
2		
Э.	(Corporation Name)	(Document #)
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- "	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time _	Certification Copy
	☐ Mail out ☐ Will wait	Photocopy Certificate of Status
]	NEW FILINGS	<u>AMENDMENTS</u>
	Profit Not for Profit Limited Liability Domestication Other	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>
. !	OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of <a href="mailto:submits">Florida</a> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: THE TOPS'L CLUB OF NW FLORIDA, INC.
1b. Date of incorporation June 13, 1994 Document number P94000043801
2. The name and address of the current registered agent and office:  James S Olin
35000 Emeral Coast Pkwy, Destin, FL 32541
3. The name and address of the new registered agent and office:  (P.O. Box Not Acceptable)  C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Faiorida 38324
The street address of its registered agent and the street address of the business effice 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.  SIGNATURE (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.  C T TOPPORATION SYSTEM  SIGNATURE BY:  John J Linnihan, Asst. VP (Registered Agent)  DATE  DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (7-91) Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)