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Different & Re	trokes Bolf Centers equestor's Name treet Realty Address	s, INC	À	SOUL SILE PARTIES PART
Louis ville, 1	shington St. Zip Phone #  Y 40276  NAME(S) & DOCUM	FNT NUMBER(S)	Office Use O	ADA
1.	oration Name)	(Document #)	·	<u> </u>
(Corp	oration Name)	(Document #)		
☐ Walk in			Certified Copy	<u>ਤੋਂ</u>
Mail out  NEW FILINGS	Will wait Property AMENDMENT:		Certificate of Status	
Profit  NonProfit  Limited Liability  Domestication  Other	Amendment Resignation of R.A., of Change of Registered Dissolution/Withdraw Merger	Agent	4000023 -07/02/ *****3	9221740 9901052002 5.00 *****35.00
OTHER FILINGS  Annual Report  Fictitious Name	REGISTRATI QUALIFICAT Foreign Limited Partnership	TON	RA CP Address only	9,
Name Reservation	Reinstatement Trademark Other		address only  SHEPARD JUL	
CR2F031/1/95)		E	xaminer's Initials	

CR2E031(1/95)

## 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name the corporation is: Different Strokes Golf Centers, Inc.
1b. Date of incorporation September 20, 1996 Document number reconouves 30
2. The name and address of the current registered agent and office:  C T Corporation System
660 E Jefferson St., Tallahassee, FL 32301
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 Florida 33324
The street address of its registered agent 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.
SIGNATURE (Type or printed name and title)  John P. Reinhart Secretary (Type or printed name and title)
DATE
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 CORPORATION SYSTEM
SIGNATURE BY:Carol Record, Asst. Secretary (Registered Agent)
DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91)

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

Filing Fee: \$35.00