I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: CHRIS GRAY	D	05/09/2015		

DOCUMENT# N9400002071

Entity Name: GULF COAST JUNIOR GOLF TOUR, INC.

## **Current Principal Place of Business:**

1370 CREEKSIDE BLVD. NAPLES, FL 34108

## **Current Mailing Address:**

P.O. BOX 112437 NAPLES. FL 34108 US

## FEI Number: 65-0477835

## Name and Address of Current Registered Agent:

ADAMCZYK, MARK E ESQ. 8950 FONTANA DEL SOL WAY SUITE 100 NAPLES, FL 34109 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK E. ADAMCZYK, ESQ.			05/09/2015	
	Electronic Signature of Registered Agent		Date	
Officer/Director Detail :				
Title	D	Title	D	
Name	GRAY, CHRIS	Name	ADAMCZYK, MARK E. ADAMCZYK E	
Address	P.O. BOX 112437	Address	8950 FONTANA DEL SOL WAY	
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	SUITE #100 D: NAPLES FL 34109	

Electronic Signature of Signing Officer/Director Detail

FILED May 09, 2015 **Secretary of State** CC5038104835

Certificate of Status Desired: No

Date