707953

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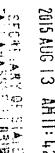


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C. CARROTHERS



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 11, 2015

Order#: 723634/038

Re: THE PLAYERS CHAMPIONSHIP CHARITIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	inge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this mized under the large of the State of Florida.	-
1. The name of t	the corporation: THE PLAYERS CHAMP	PIONSHIP CHARITIES, ING. SOFF FE ORIGA	
• •	office address: DUR BLVD, PONTE VEDRA BEACH, F	L 32082	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/13/1964	Document number: 707953	
	I street address of the current registered at tment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	BROWN, LEONARD D., JR.		
	100 PGA TOUR BLVD		
	PONTE VEDRA BEACH	FL 32082	
6. The name and (if changed):	I street address of the new registered age Corporation Service Company	ent (if changed) and /or registered office	
	1201 Hays Street		
	P.O. Box NO	T acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered age	ent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
\mathcal{O}	26 2	Dona Priebe, Vice President	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	mv duties, and I am familiar with and a	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address. I	_
<u>Βλ: χ) νν</u>	re Cokuble	07/29/2015	_
_	half of an entity:	Date	
	Assistant Vice President		•
	rped or Printed Name		
	* * * FILING FE	CE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314