H5 3370

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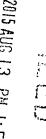
Office Use Only



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08/13/15--01015--003 **35.00







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#: 723634/005

Re: PGA TOUR CONSTRUCTION SERVICES, 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

state	ement of cha	provisions of sections 607.0302, 617.030 inge is submitted for a corporation organ r to change its registered office or regist	—·	<u> </u>			
		the corporation: PGA TOUR CONSTRUCTION					
	2. The principal office address:						
	100 PGA TC	_ 32082					
3. TI	he mailing a	ddress (if different):		_			
4. D	ate of incor	poration/qualification: 04/23/1985	Document number: H53370	7015 A			
		I street address of the current registered a tment of State: (If resigned, enter resigned	agent and registered office on file with the ed)	AUG 13			
		BROWN, LEONARD D., JR.		197 PA			
		00 PGA TOUR BOULEVARD		5			
		PONTE VEDRA BEACH	FL 32082	The state of the s			
(if changed): Corporation Service Company 1201 Hays Street							
P.O Box NOT acceptable							
		Tallahassee	FL 32301				
	_		address of the business office of its regis				
auth	orized by th	ne board, or the corporation has been no	l by its board of directors or by an officer tified in writing of the change.	30			
	0	26 3	Dona Priebe, Vice President				
I fur perfe ager here	reby accept ther agree formance of it. Or, if the by confirm	my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i	utes relative to the proper and complete accept the obligation of my position as re- ect a change in the registered office addr	gistered ess, I			
Corporation Service Company By: Signature of Registered Agent			07/28/2015				
If sig	_	half of an entity:					
		Assistant Vice President					
		yped or Printed Name					
		* * * FILING FE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314