## L110000000 499

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(City/State/Zip/Phone #)					
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 01/07/2025					
Name: Cheyanne Davis					
Reference #:					
Entity Name: LPGA FOUNDATION TOURNAMENT PROPERTIES, LLC					
Articles of Incorporation/Authorization to Transact Business					
Amendment					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other					
Authorized Amount: \$25.00					
Signature:					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(b) _	
2. (,	Principal office address of limited liability company: (Note: MUST BF STREET ADDRESS)	(", _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>N</u>	No Change
	January 3, 2011		L11000000499
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CAPITOL CORPORATE SERVICES, INC.		
5. (u)	Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:
	515 EAST PARK AVENUE 2ND FLOOR		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS)	<del></del>
	STE. A		
	TALLAHASSEE .FI	32301	
(b)	COGENCY GLOBAL INC.		201 1Ã
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	
	115 North Calhoun St., Suite 4		2025 JAN -7 PI TÄLLAHASSEE.
	NEW Registered Office Address:		
	Tallahassee Fi	32301	PH 3: 08 EE. FLORIDA
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of less of organization or the operating agreement of the	the register ability compof the limited	ered office and the business office of the registered spany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
M Shieldh Moon_		M. Eli	lizabeth Moore
Signa	turé d'a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide	ree to act in performanc d for in Cha hereby confi	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been

/s/ Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00