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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE PGA DISASTER RELIEF FUND, INC.

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Corporate Filing Menu



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

| 1. The name of | the corporation: PGA Disaster Re | lief Fund, Inc. | |
|---|---|---|--|
| 2. The principal | office address: 1916 PGA Parkwa | ry Prisco, TX 75033 | |
| 3. The mailing a | iddress (if different): 1916 PGA F | Parkway Frisco, TX 75033 | |
| 4. Date of incorp | poration/qualification: 10/02/2000 | Parkway Frisco, TX 75033 Document number: N00000006599 |) |
| 5. The name and | | istered agent and registered office on file with the | |
| | Blasband, Andrew T | | |
| | 3 | | |
| | | | 15.00 |
| 6. The name and (if changed): | | red agent (if changed) and for registered office | 2023 HAY 15 |
| | Corporate Creations Network Inc. | | SSEI SEI |
| | 801 US Highway 1 North Palm Bo | each FL 33408 | 9: 02 STATE E. FL |
| | | each FL 33408 P.O Box NOT acceptable | 02 |
| The street addre | ess of its registered office and the | e street address of the business office of its regi | stered agent, |
| Such change wa | is authorized by resolution duly be board, or the corporation has b | adopted by its board of directors or by an office been notified in writing of the change. | er so |
| Signatur | e of an officer or director | Ariana Turoski, Attorney-in-fact | |
| hereby accept further agree to f my duties, and | the appointment as registered as ocomply with the provisions of d I am familiar with and accept ag filed merely to reflect a chang been notified in writing of this c | gent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered ager ge in the registered office address, I hereby con change. | performance n Or if this firm that the |
| corporation has | _ | 6113133 | |
| orporation has | shure of Registered Agent | 5/12/23 | |

Typed or Printed Name