

N1200000-558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

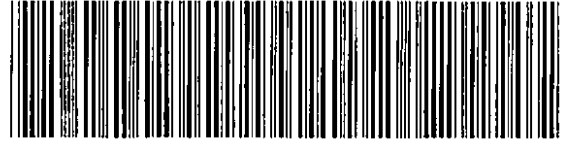
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Chip Hilton Classic Foundation Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N12000007558

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Cody Khan

Name of Contact Person

Chip Hilton Classic Foundation Inc.

Firm/Company

P.O. Box 18049

Address

Panama City Beach, FL 32417

City/State and Zip Code

kpearson@pdmplaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl E. Pearson

Name of Contact Person

at ( ~~305~~ **407** ) 222-8281

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Chip Hilton Classic Foundation Inc.
- 2. The principal office address: 11127 Front Beach Road, Panama City Beach, FL 32407
- 3. The mailing address (if different): P.O. Box 18049, Panama City Beach, FL 32417
- 4. Date of incorporation/qualification: 08/03/2012 Document number: N12000007558
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

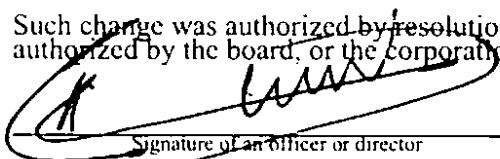
Karl E. Pearson  
485 N. Keller Road, Suite 401 CHANGE OF ADDRESS  
Maitland, FL 32751

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Karl E. Pearson  
901 N. Lake Destiny Road, Suite 305  
P.O. Box NOT acceptable  
Maitland, FL ~~32751~~ 32751

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 \_\_\_\_\_  
 Signature of an officer or director

Cody Khan, President, Director  
 \_\_\_\_\_  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
 \_\_\_\_\_  
 Signature of Registered Agent

June 19, 2023  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:  
Karl E. Pearson  
 \_\_\_\_\_  
 Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***