## N9300000 4074

(Red	questor's Name)				
(Add	dress)	<u>-</u>			
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
	'	,			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
·	,				
Certified Conies	Certificates	e of Statue			
Certified Copies Certificates of Status					
Special Instructions to F	Filing Officer:				
	·-				

Office Use Only



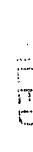
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AUG 1 4 2015

C. CARROTHERS







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#: 723634/011

Re: PGA TOUR HISTORICAL FOUNDATION, 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

Pursuant to the	provisions of sections 607.0502, 617.050	2, 607.1508, or 6	517.1508, Florida	Statutes, this	
in orde	nge is submitted for a corporation organ r to change its registered office or registe	ered agent, or bo	th, in the State of	Florida.	
1. The name of t	he corporation: PGA TOUR HISTORICA	L FOUNDATION	SECHELARY NANCAHASSE	ATE ATE	
• •	office address: PUR BLVD, PONTE VEDRA BEACH, FL				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 09/02/1993	Document	number: N93000	004074	
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigned	gent and register			
	BROWN, LEONARD D., JR.			_	
	100 PGA TOUR BLVD			_	
	PONTE VEDRA BEACH	FL	32082	_	
6. The name and (if changed):	street address of the new registered ager	nt (if changed) an	d /or registered o	ffice	
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NOT acceptable  Tallahassee FL 32301				
				-	
The street addre as changed will	ss of its registered office and the street be identical.	address of the bu	isiness office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of o	directors or by an of the change.	officer so	
1	26 2-	Dona Priebe, Vice President			
I hereby accept	Printed or typed name and title  hereby accept the appointment as registered agent and agree to act in this capacity.				
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of all state my duties, and I am familiar with and a s document is being filed merely to refle that the corporation has been notified in Nervice Company	ites relative to th ccept the obligat ect a change in ti	ne proper and con tion of my position he registered offic	n as registered	
By: X	ace Cokubie	07/28/2015	Data		
	nature of Registered Agent		Date		
Grace E. Kirby	·				
	rped or Printed Name				

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