N94000000899

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/2)p/i Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/07/2025				
	Cheyanne Davis				
	2593530				
	DAYTONA BEACH	GOLF CHARITIES, INC			
Article	s of Incorporation/Authorization t	o Transact Business			
Amen	dment				
Change of Agent					
☐ Reinst	tatement				
Conversion					
Merge	er				
☐ Dissolution/Withdrawal					
Fictitio	ous Name				
Other_					
Authorized A	mount: \$25.00				
Signature:	WIND SULL				

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

statement of char	nge is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Flooration organized under the laws of the Sta Gree or registered agent, or both, in the Sta	ate of Florida		
1. The name of the	he corporation: DA	YTONA BEACH GOLF CI	HARITIES, INC		
2. The principal of	office address: No Chan	ge	 		
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification: Feb	pruary 11, 1994 Document number:	N94000000899		
	street address of the currer tment of State: (If resigned,	nt registered agent and registered office on enter resigned)	file with the		
	CAPITOL COR	RPORATE SERVICES, INC			
515 EAST PARK AVENUE 2ND FLOOR					
	TALLA	HASSEE, FL 32301	2025 JAN -7		
6. The name and (if changed):	street address of the new re	HASSEE, FL 32301 egistered agent (if changed) and /or registe OBAL INC.	AHARA T		
	COGENCY GL	OBAL INC.			
	115 North Calh	PO Box NOT acceptable	30		
	Tallahassee, F				
The street addre	ss of its registered office a be identical.	nd the street address of the business offic	e of its registered agent,		
Such change wa	s authorized by resolution e board; or the corporation	duly adopted by its board of directors or has been notified in writing of the chang	by an officer so e.		
	e of an officer or director	M. Elizabeth Moore A			
I further agrée to performance of i	o comply with the provision with the provision of the complex and I am familiant to the complex and I am fam	red agent and agree to act in this capacit ons of all statutes relative to the proper ar ar with and accept the obligation of my po merely to reflect a change in the registere wen notified in writing of this change.	id complete osition as registered		
/s/ Timothy N		1/6/2025			
_	ature of Registered Agent	Date			
If signing on bel	nalf of an entity:				

Timothy Mayville , Assistant Secretary Typed or Printed Name

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