

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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

EXECUTIVE WOMEN'S GOLF ASSOCIATION, INC.

Certificate of Status	0
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Corporate Filing Menu

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

statement of change is submitted for	er a corporation organize	607.1508, or 617.1508, Florida Statutes of under the laws of the State of FLO of agent, or hoth, in the State of Florida.	RIDA	
1. The name of the corporation:	XECUTIVE WOM	SEN'S GOLF ASSOCIATION Drive, Daytona Beach, FL 3212	N, INC.	
3. The mailing address (if different				-
4. Date of incorporation/qualificati	on: 12/29/1995	Document number: N9500000	6068	,
5. The name and street address of t Florida Department of State: (If		nt and registered office on file with the		
Corporation S	ervice Company			
1201 Hayes S	treet			
Tallahassee, F	-L 32301		3.5 3.5 3.5 3.5 3.5	2022 MAY
6. The name and street address of t (if changed):	he new registered agent (if changed) and /or registered office		- YWA
Capitol Corpora	ate Services, Inc.	•	<u>ئن</u> بن	₩ ~
515 East Park			ار الم	<u>=</u>
	P.O. Box N	OT acceptable	[전환]	=
Tallahassee, F	L 32301		<u> </u>	7
as changed will be identical.	solution duly adopted b rporation has been notifi	dress of the business office of its regis y its board of directors or by an officer ted in writing of the change.	_	
MI Glidth Morors		Marian Eizabeth Moore, Secretary		
Signature of an allicon or director	. .	Printed or typed name and tille		
I hereby accept the appointment a I finther agree to comply with the of my duties, and I an familiar wa document is being filed mereby to corporation has been notified in v	is registered agent and a provisions of all statute th and accept the obliga reflect a change in the r writing of this change.	teree to uct in this capticity, is relative to the proper and complete prion of my position as registered agent egistered office address, I hereby conf	performance i. Or, if this irm that the	
Bin Brelever		4/28/2022		
Signature of Registered Age	ni	Data		
If signing on behalf of an entity:				
Brian Radecki, Assistant Secr	etary on behalf of Cap	nitol Corporate Services, Inc.		
•	* * * FILING FEE:	: \$35.00 * * *		
		DA DEPARTMENT OF STATE BOX 6327, TAILLAHASSEE, FL 32314		

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