N95000006068

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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125 JAN - 7 ANTH: 5



January 8, 2025

COGENCY

SUBJECT: EXECUTIVE WOMEN'S GOLF ASSOCIATION, INC.

Ref. Number: N93000002201

We have received your document for EXECUTIVE WOMEN'S GOLF ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation is not Active.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 325A00000571





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:	01/13/2025	
Name:	Cheyanne Davis	
Reference #:	2593530	
Entity Name:	EXECUTIVE WOMEN'S	GOLF ASSOCIATION, INC.
Article	es of Incorporation/Authorization t	o Transact Business
Amen	dment	
✓ Chang	ge of Agent	
☐ Reinst	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other_		
Authorized A	mount:\$35.00	
Signature:	Chyma Paire	

F: 800.944,6607

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

1. The name of th	ne corporation:	EXECUTIVE W	OMEN'S GOLF ASSOCIA	ATION, INC.	
2. The principal of	office address:	·	No Change		
3. The mailing ac	ldress (if different):	:			
4. Date of incorporation/qualification: 12/27/1995 Document number: N950000060)6068	
5. The name and	street address of th		nt and registered office on fi		
6. The name and (if changed):	CA	APITOL CORPORATE S	SERVICES, INC.		
		515 EAST PARK AVE	NUE 2ND FL	TĂLL	2025 JAN -7
		TALLAHASSEE, FL 32301			
	street address of th	ne new registered agent (if changed) and /or registere	ed office F	
		Cogency Globa	il Inc.	Lok Lok	AM 9: 33
	115 North Calhoun Street, Suite 4				
		P.O. Box NOT acceptable			
		Tallahassee, Florid	Ja 32301 ————————————————————————————————————		
The street address as changed will	ss of its registered be identical.	office and the street add	dress of the business office	e of its regist	ered agen
Such change was authorized by the	s authorized by res e board, or the corp	solution duly adopted by poration has been notifi	y its board of directors or beed in writing of the change	by an officer e.	so
/s/ Nancy Henderson		1	Nancy Henderson President		
Signature	of an officer or director		Printed or typed name	e and title	
I further agree to of my duties, and document is bein	o comply with the p I I am familiar wib 19 filed merely to r	s registered agent and a provisions of all statute h and accept the obliga reflect a change in the r riting of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, T	v. d complete p istered agent hereby confi	erforman Or, if th rm that th
			1/13/2025		
Sign	ature of Registered Agent Timothy Ma	yville, Assistant Sec	cretary		
If signing on beh	•	-	-		
Ty	ped or Printed Name	 			

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