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Ploridas Department of State

Disting of Corporations

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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CRETARY OF STATE

## REGISTERED AGENT CHANGE THE GARY PLAYER FOUNDATION, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
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MAR 22 2018

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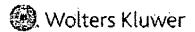
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| FAXNUMBER | 18506176380                      | _ |
| FROM      | Ranae McGraw                     |   |
| DATE      | 2018-03-21 09:36:09 CST          |   |
| RE        | THE GARY PLAYER FOUNDATION, INC. |   |

## **COVER MESSAGE**

Chris Rickard
Senior Fulfillment Specialist
CT Corporation

Team (614) 280-3338 GlobalFulfillmentTeam@wolterskluwer.com



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219 <a href="https://www.wolterskluwer.com">www.wolterskluwer.com</a>

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

|                                   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  |
|-----------------------------------|---|
|                                   | inge is submitted for a corporation organized under the laws of the State of<br>r to change its registered office or registered agent, or hoth, in the State of Florida.  |
|                                   |   |
|                                   | the corporation: THE GARY PLAYER FOUNDATION, INC.   |
| 2. The principal                  | office address: 22 South Main Street suite 100 Greenville, SC 29601   |
|                                   |   |
| 3. The mailing a                  | ddress (if different):  |
| 4. Date of incorp                 | poration/qualification: 03/29/1996 Document number: N96000001704  |
| 5. The name and                   | i street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)  |
|                                   | PLAYERS, MARC B   |
|                                   | 2464 SW DANBURY LANVE   |
|                                   | PALM CITY 34990   |
| 6. The name and (if changed):     | I street address of the new registered agent (if changed) and /or registered office   |
|                                   | C T Corporation System  |
|                                   | c/o C T Corporation System, 1200 South Pine Island Road   |
|                                   | P.O. Bax -NOT acceptable  |
|                                   | Plantation, Florida 33324   |
| The street address changed will   | ess of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change was authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so abboard, or the corporation has been notified in writing of the change.  |
|                                   | JAMCS K. TakoZo-7 Printed or typed name and title   |
| // /                              | the appointment as registered agent and agree to act in this capacity.  to chingly with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| By: CT Cor                        | poration System. 3/20/2018  |
| Sig                               | mature of Registered Agent Date   |
| If signing on be                  | half of an entity: Peter Trawinski Assistant Secretary  |
| T <sub>2</sub>                    | oped or Printed Name  |
| •                                 | * * * FILING FEE: \$35.00 * * *   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)