P14000056765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

S. ROBERTS

MAR 12 2025

## COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: US TOUR GOLF INC
Name of Corporation

DOCUMENT NUMBER: P14000056769

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymond DuMont
Name of Contact Person

US TOUR GOLF INC
Firm/Company

8 Sorrento Drive
Address

Osprey, FL 34229
City/State and Zip Code

jen@ustourgolf.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jen DuMont at (941, 962-9968
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

**Mailing Address:**
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:**
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ _____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: US TOUR GOLF INC

2. The principal office address: 8 Sorrento Drive
Osprey FL 34229

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/1/14 Document number: P14000056769

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JIM Gay
3984 East SR 64
Bradenton, FL 34208

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Raymond Dumont
8 Sorrento Drive
P.O. Box NOT acceptable
Osprey FL 34229

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

R D
Signature of an officer or director

Raymond Dumont President
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

R D
Signature of Registered Agent

2/3/25
Date

If signing on behalf of an entity:

_____
Typed 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 (04/13)