

P18 0000001966

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2024 APR -3 AM 10:53  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/03/2024

Acc#I20160000072

*en: c DW*

Name:	TD Golf Enterprises, Inc.
Document #:	
Order #:	15472104

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Amount: \$ **43.75**

Thank you!

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TD GOLF ENTERPRISES, INC.  
Name of Corporation

DOCUMENT NUMBER: P18000001966

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:

VALERIE SHELTON  
Name of Contact Person  
WIATR & ASSOCIATES, LLC  
Firm/Company  
PO BOX 331847  
Address  
NASHVILLE, TN 37203  
City/State and Zip Code

VALERIE@WIATRASSOCIATES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE SHELTON at (615) 832-6344  
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

**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TD GOLF ENTERPRISES, INC.
2. The principal office address: 1212 8TH AVE S, STE 102, NASHVILLE, TN 37203
3. The mailing address (if different): PO BOX 331847, NASHVILLE, TN 37203
4. Date of incorporation/qualification: 01/01/2018 Document number: P18000001966
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)

DUNCAN, TYLER R

47 HIGH RIDGE POINT

PONTE VEDRA, FL 32081

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

C T Corporation System

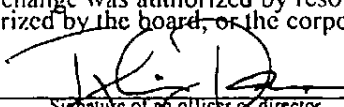
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

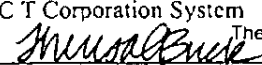
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

Tyler Duncan  
\_\_\_\_\_  
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.*

By: C T Corporation System  
Theresa Buck, Assistant Secretary  
  
\_\_\_\_\_  
Signature of Registered Agent

04/02/2024

\_\_\_\_\_  
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)