## P29047

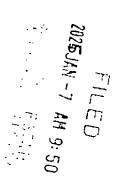
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE JAN - 8 2025				

Office Use Only



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2025 J. 1-7 E.111: 51





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/07/2025	
	Cheyanne Davis	_ <del>_</del>
Reference	#:2593530	<u> </u>
		AL GOLF ASSOCIATION, INC.
☐ Artic	eles of Incorporation/Authorizatio	n to Transact Business
Ame	endment	
✓ Cha	nge of Agent	
Rein	estatement	
Con	version	
☐ Mero	ger	
Diss	olution/Withdrawal	
Fiction	tious Name	
Othe	er	
Authorized	Amount:\$35.00	
Signature:	(Orymo Paine	



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 Patrice at 850-202-9071

Date: 01/07/2025
Name: Cheyanne Davis
Reference #: 2593530
Entity Name: LADIES PROFESSIONAL GOLF ASSOCIATION, INC.
Articles of Incorporation/Authorization to Transact Business
Amendment
✓ Change of Agent
Reinstatement
☐ Conversion
Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount: \$35.00
Signature:

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

Pursuant to the provisions of sections 607.0502.  statement of change is submitted for a corporation in order to change its registered office of	on organized under the laws of the State	y of Ohio	
1. The name of the corporation: <b>LADIES PI</b>	ROFESSIONAL GOLF AS	SOCIATION, INC	
2. The principal office address: No Change			
3. The mailing address (if different):			
4. Date of incorporation/qualification: April 2	25, 1990 Document number:	P29047	
5. The name and street address of the current registroida Department of State: (If resigned, enter		le with the	
CAPITOL CORPO	PRATE SERVICES, INC.		
515 EAST PARK	AVENUE 2ND FLOOR	<u>.</u>	
TALLAHAS	SSEE, FL 32301		
6. The name and street address of the new registe (if changed):  COGENCY GLOB		ed office	
	n St., Suite 4		
Tallahassee, FL	Box NOT acceptable	TED AH	
The street address of its registered office and thas changed will be identical.	e street address of the business office	of its registered agent.	
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by been notified in writing of the change.	an officer so	
M. Elizabeth Moore Authorized Person  Standature of an officer or director  M. Elizabeth Moore Authorized Person  Printed or typed name and title			
I hereby accept the appointment as registered a I further agree to comply with the provisions of performance of my duties, and I am familiar will agent. Or, if this document is being filed merely hereby confirm that the corporation has been not be the confirmal that the corporation has been not be the confirmal that the corporation has been not be the corporation has been not been not be the corporation has been not b	all statutes relative to the proper and th and accept the obligation of my pos y to reflect a change in the registered	complete ition as registered	
/s/ Timothy Mayville		<u> </u>	
Signature of Registered Agent  If signing on behalf of an entity:	Date		

## Timothy Mayville, Assistant Secretary

Typed or Printed Name

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