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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*

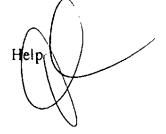
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## REGISTERED AGENT CHANGE PGA VALHALLA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this mgc is submitted for a corporation organized under the laws of the State of Fl. er to change its registered office or registered agent, or both, in the State of Florida.
	PGA Valhalla, Inc.
2. The principal	office address: 1916 PGA Parkway Frisco, TX 75033
3. The mailing a	address (if different): 1916 PGA Parkway Frisco, TX 75033
4. Date of incoη	poration/qualification: 09/29/1993 Document number: P93000068929
5. The name and	d street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Blasband, Andrew T
	100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418
6. The name and (if changed):	Blasband, Andrew T  100 AVE OF THE CHAMPIONS PALM BEACH GARDENS, FL 33418  SHAPE STREET address of the new registered agent (if changed) and /or registered office  Corporate Creations Network Inc.
	· - , N
	801 US Highway 1 North Palm Beach FL 3340S  P.O Box NOT acceptable
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Ariana Turoski, Attorney-in-fact Frinted or typed name and tale
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	5/12/23
अंद्री	nature of Registered Agent Date
If signing on bel	half of an entity:
	ii, Special Secretary
T.	med or Printed Name

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