## P93000011040

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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: August 11, 2015

Order#: 723634/010

Re: PGA TOUR GOLF MANAGEMENT, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orga r to change its registered office or regis	nized under the la	ws of the State of FL	· · · · · · · · · · · · · · · · · · ·
1. The name of the	he corporation: PGA TOUR GOLF MAN	NAGEMENT, INC		
	office address: UR BLVD, PONTE VEDRA BEACH, F			
3. The mailing a	ddress (if different):			<u> </u>
4. Date of incorp	poration/qualification: 10/27/1993	Document	number: P93000076040	
	street address of the current registered tment of State: (If resigned, enter resign		ed office on file with the	
	BROWN, LEONARD D., JR.			20 20
	100 PGA TOUR BLVD		<u>.</u>	15 E
	PONTE VEDRA BEACH	FL	32082	613 613
6. The name and (if changed):	street address of the new registered ago	ent (if changed) an	nd /or registered office	SECRETARY OF STATES 45
	Corporation Service Company			ب ب
	1201 Hays Street			
	P.O. Box NO	-	22204	
	Tallahassee	FL -	32301	
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the bu	usiness office of its regist	ered agent,
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been no	d by its board of o otified in writing	directors or by an officer of the change.	so
O	26 -	Dona Priebe, V		
	re of an officer or director		ed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent ar o comply with the provisions of all sta my duties, and I am familiar with and s document is being filed merely to ref that the corporation has been notified n Service Company	tutes relative to tl accept the obligat lect a change in t	he proper and complete tion of my position as reg he registered office addri	gistered ess, I
By: Div	ree Cokuble	07/28/2015		
	half of an entity:		Date	
	Assistant Vice President			
	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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