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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053

: (561)694-8107 Phone 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.\*\*

Email	Address:	$\neg_{c}$
	<del>-</del>	7120

## REGISTERED AGENT CHANGE PGA GOLF DEVELOPMENT, INC.

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statu in organized under the laws of the State of $\frac{-\mathrm{FL}}{2}$ is registered agent, or both, in the State of Florid	·
1. The name of	the corporation: PGA Golf Develo	ppment, Inc.	
2. The principal	office address: 1916 PGA Parkway	y Frisco, TX 75033	
3. The mailing a	address (if different): 1916 PGA P	arkway Frisco, TX 75033	
		Document number: 1997000011973	
5. The name and		stered agent and registered office on file with the	
	Blasband, Andrew T		
	100 AVE OF THE CHAMPIONS	PALM BEACH GARDENS, FL 33418	2023
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	2023 HAY 12 AM 8:
	Corporate Creations Network Inc.		SSE 3
	801 US Highway 1 North Palm Be	each FL 33408	
		PO Box NOT acceptable	29 S
		e street address of the business office of its regi	
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an offic- seen notified in writing of the change.	er so
		Ariana Turoski, Attorney-in-fact	
	the appointment as registered or to comply with the provisions of a Lam familiar with and accept to ng filed merely to reflect a chang shoon notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby con hange.	performance nt. Or if this afirm that the
- Janes	nature of Regrescred Agent	5/12/23 Date	
If signing on be	half of an entity:		
	ki, Special Secretary		
	yped or Printed Name	-	
	* * * FILE	NG 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)