719357

G. CREWS 106 RT COMFORT RD MARY ESTHER FZ 32569

.. CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2.	1000046455910
(Corporation Name)	(Document #)
3	سنجهين بايد المئمان بيايد الماسيد
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait NEW FILINGS	Certified Copy Photocopy Certificate of Status
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/OHALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Change

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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FIRST: The name of the corporation is	
PANHANDLE ANIMAL WELFARE SOCIETY, INC.	
SECOND: The address of its present registered agent is	
THIRD: The address to which its registered agent is to be changed is	
FOURTH: The name of its present registered agent is Kathleen Reynolds	٠
FIFTH: The name of its successor registered agent is	***
SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.	-"
SEVENTH: Such change was authorized by resolution duly adopted by its board of Dated OCTOBER 8 . 2001.	
Dated <u>UCTOBER 8</u> , 2001.	だに
	1
PANHANDLE ANIMAL WELFARE SOCIETY, INC.	Ξ.
PANHANDLE ANIMAL WELFARE SOCIETY, INC. (exact corporate name)	H
	ñ
SIGNATURE: When the President of Vice President)	
DATE: October 8, 200/	
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.	
FILING FEE: \$35.00 SIGNATURE: Makvalet	
DATE: 9-25-01	•
DIVISION OF CORPORATIONS - PO BOX 6327 - TALLAHASSEE, FL 32314	-