	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:

Office Use Only



500321250935

12/17/18--01821--869 \*\*35.88

R. WHITE DEC 2 8 2018

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations	
SUBJECT: Panhanole Animal Welfare Society INC Name of Corporation	
DOCUMENT NUMBER: 719357	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
, 5	
Name of Contact Person	
Panhanole Animal Welfare Society INC Firm/Company	
752 laxer 20 Address	
Fort Walton Beach FL 32548 City/State and Zip Code	
dee Hompson Cembaramail con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Confact Person at ( \(\sigma SO \)) \(\sigma \text{Ag} 3 - 15 \text{ Ag} \)  Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Panhenole Animal Welfare Society INC
2. The principal office address: 752 Love 20
2. The principal office address: 752 Lovegey 20 Fort Walton Beach FL 32548
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
mark Rubin
Mark Rubin  Rubin Law Firm
204 Snug Harlor Dr Shalimar FL 37,579
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kyle Bauman SS. 7 1
Anchors Smith + Grimoley P.O. Box NOT acceptable  P.O. Box NOT acceptable
909 man walt or Ste 1014 PURFI 52547
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Ignature of an officer or director  OF Thompson Executive Thirector  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
/Myh 2 12/17/18 Signature of Registered Agent Date
If signing on behalf of an entity:
Kyle Bawan  () Typed or Printed Name

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