## 530522

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(Orty/State/21p/F1toffe #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

12/6/12

NAME:

PANHANDLE NURSING CARE, INC.

TYPE OF FILING:

CHANGE OF AGENT

COST:

35.00

RETURN:

PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org ar to change its registered office or regi	anized under the laws	of the State of F	lorida	
1. The name of	the corporation: PA	NHANDLE NURSI	NG CARE, INC.		
2. The principal	office address: FT. WTQ	Sr Dr	och F	132	
3. The mailing a	address (if different):		V		
4. Date of incor	poration/qualification: March 31, 1	1977 Document nun	nber:53	30522	
	d street address of the current registered runent of State: (If resigned, enter resigned)		ffice on file with th	e	
	MAGGI	O, R. BRENT			
	211 SA	BINE DRIVE			
	Pensacola Beach	FL	32561	72	
6. The name and (if changed):	I street address of the new registered ag	ent (if changed) and /o	r registered office	12 DEC -6	
٠	National Corpora	te Research, Ltd., I	nc.	-	
	155 Office Plaza Drive				
		OT acceptable	00004		
	Tallahassee	Florida	32301		
The street addre as changed will	ss of its registered office and the stree be identical.	t address of the busine	ess office of its regi	stered agent,	
Such change was authorized by th	s authorized by resolution duly adopte e pard, or the corneration has been n	ed by its board of direct of the other other of the other	ctors or by an office te change.	er so	
AMM	e til pp dilicerior director		SOUST VICE		
l hereby accept I further agree to performance of the agent. Or, if this agreeby confirm to	the appointment as registered agent as occupily with the provisions of all stands of all stands and familiar with and stands and familiar with and stands and the conformation has been notified the corporation has been notified	nd agree to act in this states relative to the pr accept the obligation of flect a change in the re in writing of this chan	capacity, oper and complete of my position as re egistered office add ege.	egistered tress, I	
Rose	Mario Cole	December			
Sign	atue of Registered Agent		Date	<u> </u>	
	nalf of an entity:				
	e Cole, Asst. Secretary				
Ту	ped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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