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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



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09/04/08--01009--011 **35.00

An Intuit Company

21215 Burbank Rivd Ste 400 Woodland Hills CA 91367

Tell-Free: 888-692-6771 | Direct: 818-436-8225 | FAX, 818-879-8005 E-mail: into@mycorporation.com

August 26, 2008

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: ARTICLES OF AMENDMENT: PANCREATIC CANCER ACTION NETWORK, INC.

Ladies and Gentlemen:

Please find enclosed for filing duplicate executed originals of the Articles of Amendment for the above-referenced entity.

Also enclosed is a check in the amount of \$35.00 as the appropriate filing fee.

Please return any filed copies or receipts to the undersigned.

Thank you very much for your assistance.

Sincerely,

Post-Formation Filings My Corporation Business Services, Inc. 21215 Burbank Blvd., Suite 400 Woodland Hills, California 91367

PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST TO THE POST FORMATIONS DEPARTMENT AT 888-692-6771.

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Pancreatic Cancer Action Network, Inc.		
(Name of Corpo	ration)	
DOCUMENT NUMBER: F05000001056		
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Fulfillment Department		
(Name of Contact	Person)	
·		
My Corporation Business Services, Inc.		
(Firm/Company)		
21215 Burbank Blvd., Suite 400 (Address)		
(Address)		
Woodland Hills, California 91367		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Document Processing	(818) 436-8225	
(Name of Contact Person)	(818) 436-8225 (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	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
	Tallahassee, FL 32301	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ringe is submitted for a corporation organized under the laws of the State of California rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Pancreatic Cancer Action Network, Inc.
2. The principal	office address: 2141 Rosecrans Avenue, Suite 7000, El Segundo, California 90245
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 02/14/2005 Document number: F05000001056
	d street address of the current registered agent and registered office on file with the trment of State:
	Irving Marcus
	10788 Maple Chase
	Boca Raton, Florida 33498
6. The name and (if changed):	10788 Maple Chase Boca Raton, Florida 33498 SECRETARY OF STATE O
	NRAI Services, Inc.
	2731 Executive Park Drive
	(P.O. Box NOT acceptable)
	Weston, Florida 33331
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa author/zed by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
// Usignati	Julie Fleshman, President (Printed or typed name and title)
I Varahy accent	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
12/	mædass 8.20.08
If signing on be	chalf of an entity:
	Ord, Assistant Secretary Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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