## F05000001056

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Surject. Pancreatic Cancer Action Network, Inc.

Name of Corporation

DOCUMENT NUMBER: F05000001056

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:

JORDAN TYLER

Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

1623 CENTRAL AVE, SUITE 145

Address

CHEYENNE, WY 82001

City/State and Zip Code

JORDAN@LEGALINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN TYLER

,,970 <sub>\</sub>581-6156

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

Street Address:

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

6. 16.

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Californ registered agent, or both, in the State of Florida.		
2. The principal	he corporation: Pancreatic Coffice address: 1500 ROSECTTAN BEACH, CA 9026	Cancer Action Network, Inc.  CRANS AVENUE, SUITE 200  66		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/14/2	005	056	
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)		
	NRAI SERVICES, INC	·		
	1200 South Pine Islan	d Road	** 4 *** / .	15,5
	Plantation, FL 33324			() () ()
6. The name and (if changed):		ed agent (if changed) and /or registered office	4438F7	SEP -7 1
	LEGALINC CORPOR	ATE SERVICES INC.	254	語と
	5237 Summerlin Com			) (
	P.O. Box NOT acceptable Fort Myers FL 33907			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registor	ered agent	1,
Such change was authorized by the	is authorized by resolution duly acceptoration has be	dopted by its board of directors or by an officer seen notified in writing of the change.	so	
Signatu	e of an officer or director	ABIGAIL WINSTON, CFO/O	000	
I haraby Acant	the appointment as registered ag	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regi to reflect a change in the registered office addre tified in writing of this change.	istered ss, I	
		8/30/2016		
	hattre of Registered Agent	Date		
<del>-</del> -	half of an entity:			
JORDAN T	YLEH yped 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 \* \* \*