## F07000006084

(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	ty/State/Zip/Phon	ie #)				
PICK-UP	WAIT	MAIL.				
(Bu	siness Entity Na	me)				
(	<b>-</b>	<b>,</b>				
(Document Number)						
Certified Copies	Certificate	s of Status				
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SECRETARY OF STATE
FARRASSEE, FLORIDA

v Roberts DEC 151215

## **COVER LETTER**

TO:	Amendmen Division of	at Section Corporations		
SUBJ	ECT:	PanAngelo Investme	ents Corporation Corporation	
DOCU	J <b>MENT NU</b> I	MBER: F07	000006084	
The en	closed Stater	ment of Change of Registered Offic	e/Agent and fee are submitted	for filing.
Please	return all coi	rrespondence concerning this matte	r to the following:	
			. Accardi	
	•	Name of Co	ntact Person	<del></del>
		Firm/C	ompany	
		T HIII/C	ompany	
		1460 Maripos	sa Circle #104	
			lress	
		Naples, I	FL 34105 nd Zip Code	
		City/State a	nd Zip Code	
		SpringSkye	@aol.com	
	_	SpringSkye E-mail address: (to be used for t	future annual report notifica	tion)
For fu	rther informa	tion concerning this matter, please	call:	
	,	Alisa M. Accardi	at ( 239- )	963-6276
		ne of Contact Person	at ( 239- ) Area Code & Daytime	Telephone Number
Enclos	sed is a \$35.0	0 check made payable to the Depar	tment of State.	
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corportion Building 2661 Executive C Tallahassee, FL 3	enter Circle

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

statement of chang	ge is submitted for a co.	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida
1. The name of the	e corporation: PanAr	ngelo Investm	ents Corporation	
2. The principal of	ffice address: 1460 M	ariposa Circle #	<del>‡</del> 104	
Naples, FL	34105			
3. The mailing add	dress (if different):			
4. Date of incorpo	ration/qualification:	12/12/2007	Document number:	F07000006084
	street address of the curn ment of State: (If resign		t and registered office on t	ile with the
_(	Corporation Servic	e Company		
,	1201 Hays Street			
<u>-</u> -	Tallahassee, FL 32	301-2525		
6. The name and s (if changed):	street address of the nev	v registered agent (i	f changed) and /or register	red office
<u>/</u>	Alisa M. Accardi			09 D
,	1460 Mariposa Circ	cle #104		HAX
		P.O. Box NOT ac	ceptable	SER -
<u>1</u>	Naples, FL 34105			
The street address as changed will b	s of its registered offic e identical.	e and the street add	dress of the business offic	e of Fregistered agent,
Such change was authorized by the	authorized by resoluti board, or the gorporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so
Signature	of an officer or director	7 ) 	Alisa M. Accar	rdi/President
I hereby accept the I further agree to of my duties, and document is being corporation has f	he appointment as regi comply with the provi I am familiar with and g filed merely to reflec been notified in writing	stered agent and a sions of all statute d accept the obliga t a change in the r g of this change.	igree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, i	ty. id complete performance ristered agent. Or, if this I hereby confirm that the
	ture of Registered Agent	<u> </u>	12/9/	09
If signing on beha	alf of an entity:		Date	
	lisa M Accardi			

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