

F99000001665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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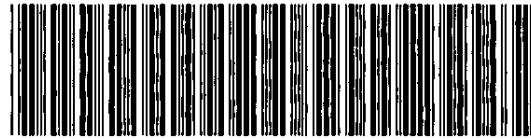
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 JUN 16 PM 1:10

C. LEWIS
JUN 26 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pegasus Laboratories, Inc.

Name of Corporation

DOCUMENT NUMBER: F99000001665

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:

Donna Logan

Name of Contact Person

Pegasus Laboratories, Inc.

Firm/Company

8809 Ely Rd.

Address

Pensacola, FL 32514

City/State and Zip Code

dlogan@pegasuslabs.com

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

For further information concerning this matter, please call:

Brent Leisenring

Name of Contact Person

at (816) 460-6272

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**

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 Missouri in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pegasus Laboratories, Inc.
2. The principal office address: 8809 Ely Rd., Pensacola, FL 32514
3. The mailing address (if different): 1217 W. 12th Street, Kansas City, MO 64101
4. Date of incorporation/qualification: 03/29/1999 Document number: F99000001665
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)

Karron Troil

8809 Ely Rd.

Pensacola, FL 32514

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna Logan

8809 Ely Rd.

P.O. Box NOT acceptable

Pensacola, FL 32514

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.

Donald A. Chew
Signature of an officer or director

DONALD A. CHW President & CEO
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.

Donna Logan
Signature of Registered Agent

June 12, 2014
Date

If signing on behalf of an entity:

Donna Logan

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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