## 108000115798

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
	Panhandle Marine Control, LL	c	
SUBJ	ECT:		
		Name of Limited L	iability Company
Dear S	Sir or <b>Mada</b> m:		
The er	closed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to the	following:
Bridge	tte Barnes		
	Name of Person	·	_
Panhai	ndle Marine Controls, LLC		
	Firm/Company		_
3404 (	ame Farm Rd.		
	Address		<del></del>
Panam	a City, F1 32405		
	City/State and Zip Co	ode	<del>_</del>
bsassy	321@gmail.com		
— <u>—</u> E	-mail address: (to be used for futur	e annual report notifi	cation)
For fu	ther information concerning this m	atter, please call:	
Bridge	tte Barnes	850	259-9485
		at (	_)
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
	Enclosed is a check for the follow	wing amount:	
	■ \$25 Filing Fee	<b>□ \$</b> 5	5 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Name	Panhandle Marin cof the limited liability company:		.C
34	04 Game Farm Rd, Panama City, Fl. 32405		
_	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
12	2/18/2008	1.03	08000115798
	Date of filing/registration in Florida ohn S. Barnes	4.	Document number
Re	gistered Agent and Registered Office shown on the records of 404 Game Farm Rd		
Re	egistered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
Pa	anama City,, FI	32405	
(b)	idgette Barnes		<del></del>
	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 404 Game Farm Rd	l Office addres	<u>55</u> :
<u>Ni</u>	EW Registered Office Address:		
Pa	anama City.	32405	
ange or ent will s/were a articles	ted liability company is not organized under the lay changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the Sta registered o ability compa	ate of Florida, it is hereby confirmed that after office and the business office of the registery any, it is hereby confirmed that the change (s) I liability company or as otherwise provided in
<u>Blue</u>	of member or authorized representative of a member	<u>Bria</u>	dge++ B Barnes Printed or typed name of signee
	occept the appointment as registered agent and agr		

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent