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COVER LETTER

| | Į! |
|--|---------------------------------------|
| 3000 00 1307 111 | |
| Name of Person at () Area Code & Daytim | ne Telephone Number |
| Pam Portwood 850 378-1000 | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | ND. 43 |
| pportwood@panaceaoysters.com | 2: 4) 2: 4) 1: 1: 1: 1: 0RID |
| City/State and Zip Code | |
| Panacea, FL 32346 | ZIT NOV -2 P |
| Address | |
| PO Box 341 | S. 19 |
| Firm/Company | 1 |
| Panacea Oyster Co-Op Corporation | d A |
| Name of Person | e 1 |
| Pam Portwood | |
| Please return all correspondence concerning this matter to the following: | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for | r filing. |
| Dear Sir or Madam: | |
| Name of Limited Liability Company | n H |
| SUBJECT: Pan-A-Sea Shores, LLC | |
| Division of Corporations | i |

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.

| orida. | | | | "d |
|---|--|--|--|---|
| Name | e of the limited liability company: Pan-A-Sea SI | nores, Ll | .C | |
| (a) 15 | 566 Coastal Hwy | (b) | | |
| (-/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limite (Note: MAY BE POS | |
| F | Panacea, FL 32346 | _ : | Panacea, FL 32346 | B d |
| 10 | 0/04/2017 | L | 17000205912 | ii d |
| (a) A | Date of filing/registration in Florida umy Recht | 4. | Document number | |
| 5 - | egistered Agent and Registered Office shown on the records of 520 Dansby PL egistered Office Address (MUST BE FLORIDA STREET) | | Dept. of State: | |
| T | allahassee, FL | 32311 | | : |
| ъ) <u>Р</u> | am Portwood | | \\ \bar{\bar{\bar{\bar{\bar{\bar{\bar{\bar | E7 (|
| Eı | nter name of NEW Registered Agent and/or NEW Registered | Office addr | EE: | AON 11.3 |
| F | Panacea Oyster Co-Op Corporation | | TALLANASSI | 1 1 1 |
| N | EW Registered Office Address: | | | 2 [|
| 1 | 02 Ben Willis Road | | | P : 0 |
| C | Crawfordville , FL | 32327 | (i) (i) | ਜ਼ ਹੈ |
| chang int will s/wepe article article ignatur ereby vision oblige | ited liability company is not organized under the law re or changes are made, the Florida street address of a be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of a so of organization or the operating agreement of the agreement of the accept the appointment as registered agent and agree of all statutes relative to the proper and complete actions of my position as registered agent as provided reflect a change in the registered office address, I in writing of this change. | the registrability confirmated list Army eee to act is performand for in Cl | ered office and the business of apany, it is hereby confirmed to ed liability company or as othe bility company. J Recht Printed or typed name of this capacity. I further agree the of my duties, and I am familianter 605. F.S. Or. if this do | ffice of the registe that the change(s) erwise provided in of signee to comply with a liliar with and account is being fi |

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