

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**1. Entity Name**  
**PANHANDLE P.A.L.S. ENTERPRISES, L.C.**

1204 CATHLEEN DRIVE  
GULF BREEZE FL 32561

P.O. BOX 12732  
PENSACOLA FL 32575-2732

### 3. Mailing Address

Suite, Apt. #, etc.City & StateCountryCountry

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**7. Name and Address of New Registered Agent**Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

CityFLZip Code

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003279053--4
STREET ADDRESS	-06/06/00--01109--009
CITY - ST - ZIP	*****50.00 *****50.00

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME			
STREET ADDRESS			
CITY- ST- ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date \_\_\_\_\_

Daytime Phone #

**CR2 : 0.71811)**