## 

(Requestor's Name)				
(Address)				
·				
. (Address)				
(City/State/Zip/Phone #)				
- PICK-UP WAIT MAIL				
•				
(Business Entity Name)				
mob-2071 (Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
•				
Special Instructions to Filing Officer:				
<b>.</b>				
A. LUNT				
MAR -8 2010				
EXAMINER				
The state of the s				

Office Use Only



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February 9, 2010

JAY L. ROBERTS, ESQ 909 MAR WALT DRIVE SUITE 1022 FORT WALTON BEACH, FL 32547

SUBJECT: PAN HANDLE INVESTMENTS LLC

Ref. Number: M06000002071

We have received your document for PAN HANDLE INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 210A00003289

Agnes Lunt Regulatory Specialist II



February 24, 2010

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Agnes Lunt

Re: Pan Handle Investments, LLC

Ref. No.: M06000002071

Dear Ms. Lunt:

Enclosed herewith please find a copy of your letter dated February 9, 2010 and the correct Change of Registered Agent form for the above referenced LLC. Pursuant to our telephone conversation, please allow this letter to serve as our request that the Florida Department of State refund our office \$10.00, which represents the amount of overpayment previously received by the Department of State in this matter.

If you have any questions please do not hesitate to contact me.

Sincerely,

Carol N. Graczyk, Paralegal cgraczyk@kagmlaw.com

/cg

Enclosure: a/s

cc: Client

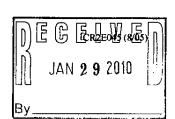
## **COVER LETTER**

Division of Corpo	rations				
SUBJECT:	Pan Handle I	nvestments, LLC of Corporation			
DOCUMENT NUMBER	: <u> </u>	M06000002071	· · · · · · · · · · · · · · · · · · ·		
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:					
	Jay L	. Roberts, Esq.			
	Name (	or Contact Person		5 2 2	
		s, Gordon & Moyle, F	P.A	2010 MAR -5 SECRETARY TALLAHASSE	
	Fi	rm/Company		TARY TARY	
	909 Mar W	alt Drive, Suite 1022 Address	· · · · · · · · · · · · · · · · · · ·	5 PH 2: 17 BY OF STATE SEE, FLORID	
	Fort Walto	n Beach, FL 32547 ate and Zip Code		ATE RIDA	
		• , • • •	•	•	
jroberts@kagmlaw.com  E-mail address: (to be used for future annual report notification)					
2		Tor ratare armaar repo	it mounted mony		
For further information concerning this matter, please call:					
Jay L	Roberts	at ( 850	863	-1974	
	ontact Person	at ( <u>850</u> Area Code &	& Daytime Telep	hone 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



TO:

Amendment Section

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	SUBJECT: Pan Handle Investments L.L.C.  Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Regist	ered Office Change and fee(s) are submitted for filing.			
Please	return all correspondence conce	erning this matter to the following:			
	Jay L. Roberts, Es	sq.			
	Keefe, Anchors, Gordon & Firm/Company	SECRETA TALLAHAR			
909 Mar Walt Dr., Suite 1022 Address Address		Moyle, P.A.  Moyle, P.A.  1022  1022			
	Fort Walton Beach, FL City/State and Zip Code	32547 Pm -			
	iroberts@kagmlaw.omail address: (to be used for future annual of the information concerning this				
	Jay L. Roberts, Esq.	at (850) 863-1974			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
[	\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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 of the limited liability company:	Pan Handle Investments, LLC				
2. (a) Principal office address of limited liability com	pany: 6101 S. 58th Street, Suite B				
(Note: MUST BE STREET ADDRESS)	Lincoln, NE 68516				
(b) Mailing address of limited liability company:	6101 S. 58th Street, Suite B				
(Note: MAY BE POST OFFICE BOX)	Lincoln, NE 68516				
04/11/06	M060000020程元 第				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of Stators					
Registered Agent:	Richard P. Petermann				
Registered Office Address:	909 Mar Walt Dr., Suite 1014 Fr. Walton, Beach, FL. 32547				
NEW Registered Agent:  NEW Registered Office Address:	Jay L. Roberts  909 Mar Walt Dr., Suite 1022				
NEW Registered Office Address:	909 Mar Walt Dr., Suite 1022				
(MUST BE FLORIDA STREET ADDRESS)	Ft. Walton Beach ,FL32547				
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company company or the operating agreement of the limited liability company company or as of the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote therwise provided in the articles of organization				
Craig O. Cormack, MGR Printed or typed name of signee					
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability companying of Projected Agent	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00