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Division of Corporations

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: REGISTERED AGENTS INC.

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REGISTERED AGENT CHANGE PANHANDLE BOOK CLUB INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		517.0502. 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of FLOF		
in ord	ler to change its registered office or	registered agent, or both, in the State of Flo.	rida.	
1. The name of	the corporation: PANHANDLE BO	OK CLUB INC.		
2. The principa	al office address: 4560 RIVER RAN	CH RD, MILTON, FL 32583	···	
3. The mailing	address (if different):			_
4. Date of incom	rporation/qualification: 04/05/2021	Document number: N21000003	884	
	nd street address of the current regis artment of State: (If resigned, enter	stered agent and registered office on file with resigned)	the	
	NOHEMI MOFFATT			
	4560 RIVER RANCH RD			
	MILTON, FL 32583			
6. The name an (if changed):		ed agent (if changed) and /or registered office	:	
	Northwest Registered A	Agent LLC		
	7901 4th St N STE 300		1646	
		Sox NOT acceptable	∀ •	
	St. Petersburg FL 3370	2	· <u>-</u>	
The street addr as changed will	ess of its registered office and the l be identical.	street address of the business office of its re	_	i F
Such change w authorized by the	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cerlso 1:19	,
NOHEMI 1. Signati	MOFFOUT ire of an officer or director	NOHEMI MOFFATT, Director Printed or typed name and title		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered ag to comply with the provisions of a fmy duties, and I am familiar with is document is being filed merely t that the corporation has been not	ent and agree to act in this capacity. Il statutes relative to the proper and comple and accept the obligation of my position as to reflect a change in the registered office ac ified in writing of this change.	te registered ldress, I	
lon	Glove	04/17/2021		
Sig	nature of Registered Agent	Date	·	
If signing on be	chalf of an entity:			
Tom Glove	r			
Т	yped or Printed Name			

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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