## PUDD/14060

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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CLAHASSEE, FLORIDA

SECRETARY OF STATES

FILED

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PENNINO ENTERPRISES. INC.	_			
(Name of Corporati	on)			
DOCUMENT NUMBER: P00000114060				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the i	following:			
HARRY W HASKIN				
(Name of Contact Pe	rson)			
/Pierr/Company				
(Firm/Company)				
3400 S. TAMIAMI TRAIL, SUITE 201				
(Address)				
SARASOTA, FLORIDA 34239				
(City/State and Zip C	Code)			
For further information concerning this matter, please call:				
HARRY W. HASKINS at (	941 ) 366-1388 Area Code & Daytime Telephone Number)			
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of or registered agent, or both, in the State of	FLORIDA
1. The name of	the corporation: PENNINO EI	NTERPRISES, INC.	
2. The principal	l office address: 6991 SOUTH	<u>I TAMIAMI TRAIL, SARASOTA, F</u>	LORIDA 34231
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 12/08/20	Document number: P0000	00114060
	d street address of the current regi rtment of State: (If resigned, enter	istered agent and registered office on file w r resigned)	vith-the
	J. KEVIN DRAKE, ESQ.		
	1432 FIRST STREET		<b>1</b> S 200
	SARASOTA, FLORIDA 34	4236	SECRETAR ALLAHASS
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered of	MRY OF
	HARRY W. HASKINS, ES	SQ.	
	3400 S. TAMIAMI TRAIL, (P.O. Box NOT		ARIBA STE
	SARASOTA, FLORIDA 3	4239	<del></del>
The street addr as changed will	ess of its registered office and th	e street address of the business office of	its registered agent,
Such change w authorized by t	as authorized by resolution duly he board or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	n officer so
1 1 ( 1	ure of the officer or director)	Joseph V. R. (Printed or typed name and	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	ngent and agree to act in this capacity. Tall statutes relative to the proper and co the obligation of my position as register the in the registered office address, I here change.	mplete performance ed agent. Or, if this eby confirm that the
11	gnature of Registered Agent)	2/7/v <sup>c</sup> / <sub>(Date)</sub>	<u> </u>
<b>\</b> '	chalf of an entity:	/ (Date)	
C	Typed or Printed Name)	<del></del>	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*