

PO4000109216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PENSABEN, INC.  
(Name of corporation)

DOCUMENT NUMBER: P04000109216

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:

KATERI HOLCOMB  
(Name of contact person)

PENSABEN, INC.  
(Firm/Company)

4015 WINDSOR LANE  
(Address)

PACE, FL 32571  
(City/state and zip code)

For further information concerning this matter, please call:

KATERI HOLCOMB at 850, 994-8959  
(Name of contact person) (Area code & daytime telephone 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  
409 E. Gaines Street  
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PENSABEN, INC.

ORIGINAL 2. The principal office address: 802 EAST MORENO STREET  
PENSACOLA, FL 32503

~~3. The mailing address (if different):~~ Not Principal Office: 4015 WINDSOR LANE  
PACE, FL 32571

4. Date of incorporation/qualification: 07/23/2004 Document number: P04000109216

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

PAYNE, MARY G  
802 EAST MORENO STREET  
PENSACOLA, FL 32503

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

KATERI HOLCOMB  
4015 WINDSOR LANE  
(P.O. Box NOT acceptable)  
PACE, FL 32571

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The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Kateri Holcomb  
(Signature of an officer or director)

KATERI HOLCOMB, Pres.  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.

Kateri Holcomb  
(Signature of Registered Agent)

9-28-2004  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314