P06000138963

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Document Number)		
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CCT: PAMPLONA VENTURES, INC. (Name of Corporation)
DOCU	MENT NUMBER: P06000/38963
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	TROY RITSEMA (Name of Contact Person) PAMPLOVA VENTURES /NC. (Firm/Company)
	11934 FAIRWAY LAKES, DR. SUITE
	Ft. MYERS, F1 33913 (Cfty/State and Zip Code)
For furt	ther information concerning this matter, please call:
	Teoy Ritsema at (239) 275 - 0733 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2008

TROY RITSEMA
PAMPLONA VENTURES, INC.
11934 FAIRWAY LAKES DR., SUITE 1
FT. MYERS, FL 33913

SUBJECT: PAMPLONA VENTURES, INC.

Ref. Number: P06000138963

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 408A00000062

मुद्रातक द्राटक अन्यक्षक सामात् व्हार हर

वर्वतानस्तरां हो कोर्वते नहीं, ज वर्वते या त्यान प्रमुख्ये व्याप्तम तुर्व वृह्यक दर

* 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 FLORIOA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PAMPLONA VENTURES, INC.
2. The principal office address: 11934 FAIRWAY LAKES DR., SUITE 1
Ft. MYERS, FL 33913
3. The mailing address (if different):
4. Date of incorporation/qualification: 11-02-2006 Document number: P06000/38963
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office CR (if changed): TROY RITSEMA
TROY RITSEMA 11934 FAIRWAY LAKES DR. SUITE 1 (P.O. BOX NOT acceptable)
Ft. MYERS, FL 33913
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.
(Signature of an officer or director) Teoy RITGEMA, PRESIDENT. (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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
TRAY RITSEMA (Typed or Printed Name)

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