

PO7000100513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

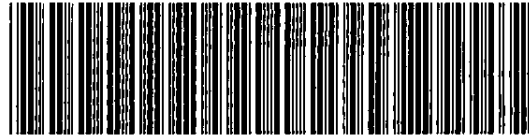
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R-A Chg
C.COULLIETTE

OCT 20 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Panoptic Technology, Inc
Name of Corporation

DOCUMENT NUMBER: P07000100513

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:

Stephen H Gould

Name of Contact Person

Panoptic Technology, Inc

Firm/Company

587 W EAU GALIE STE 5

Address

MELBOURNE, FL 32935

City/State and Zip Code

accounting@panopticttechnology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candy Fraunhofer

Name of Contact Person

at (321) 806-7222 ext 5050

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

October 14, 2011

STEPHEN H. GOULD
PANOPTIC TECHNOLOGY, INC.
587 W. EAU GALLIE STE 5
MELBOURNE, FL 32935

SUBJECT: PANOPTIC TECHNOLOGY, INC.
Ref. Number: P07000100513

We have received your document for PANOPTIC TECHNOLOGY, INC. 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):

What are you trying to do with this application? There are no changes being made to the registered agent on change area, the one you have listed in number 5 is the current agent and no changes are showing in number 6. Please verify your information and make corrections if needed before returning for filing.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 911A00023581

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11 OCT 20 AM 8:53
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Panoptic Technology, Inc
2. The principal office address: 587 W EAU GALIE SUITE 5
MELBOURNE, FL 32935
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/10/2007 Document number: P07000100513
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

STEPHEN GOULD
401 OCEAN AVE. SUITE 203
MELBOURNE BEACH, FL 32951

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

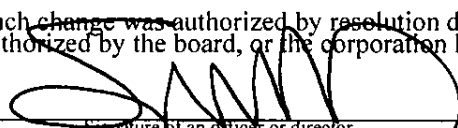
STEPHEN GOULD
587 W EAU GALIE BLVD STE 5
MELBOURNE, FL 32935

P.O. Box NOT acceptable

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STEPHEN GOULD OFFICER

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

OCTOBER 10, 2011

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
CR2E045 (8/05)