

P11000105162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

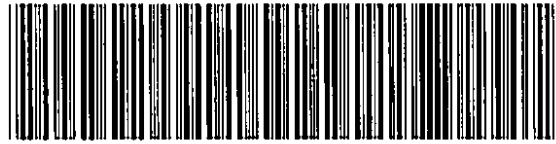
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received an Email from S. Luchin
on 8/27/2018 correcting R/A form.

50

Office Use Only



200316640042 ✓

18 AUG 27 10 15 AM

S TALLENT
AUG 27 2018

FILED
18 AUG 27 AM 9 19
CLERK OF SUPERIOR COURT
JANET M. HARRIS

R/A-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2018

SCOTT LUDLUM
PANAMA TRAVEL CONSULTANTS CORPORATION
339 CEDAR FALLS DRIVE
APOLLO BEACH, FL 33572

SUBJECT: PANAMA TRAVEL CONSULTANTS CORPORATION
Ref. Number: P11000105162

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

ITEM #6 WILL SHOW THE REGISTERED AGENT NAME AND NEW ADDRESS.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00016805

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Panama Travel Consultants Corp.
Name of Corporation

DOCUMENT NUMBER: DTN:3052807 ST39339

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:

Scott Ludlum
Name of Contact Person

Panama Travel Consultants Corp.
Firm/Company

339 Cedar Falls Drive
Address

Apollo Beach, FL 33572
City/State and Zip Code

Scott@PanamaTravelConsultants.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Ludlum at (813) 451-1918
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

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

1. The name of the corporation: Panama Travel Consultants Corporation
2. The principal office address: 339 Cedar Falls Drive
Apollo Beach, FL 33572
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 12/10/2011 Document number: FIN. 45-4010043
P11000105162
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)
Scott Ludlum
7236 Bucks Ford Drive
Riverview, FL 33578
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
339 Cedar Falls Drive
Apollo Beach, FL 33572
P.O. Box NOT acceptable

FILED
18 AUG 27 AM 9 19
TALLAHASSEE, FL

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.

Scott Ludlum
Signature of an officer or director

Scott Ludlum - 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.

Scott Ludlum
Signature of Registered Agent

8-27-18
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 (03/12)