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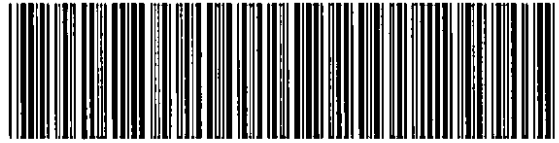
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

AUG 17 2018

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2018 AUG 16 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Panacea Oyster Co-Op Corporation
Name of Corporation

DOCUMENT NUMBER: P16000017203

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:

Katherine Waldron

Name of Contact Person

Panacea Oyster Co-Op

Firm/Company

102 Ben Willis Road

Address

Crawfordville, FL 32327

City/State and Zip Code

rgibbs6789@gmail.com

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

For further information concerning this matter, please call:

Roselle Gibbs

Name of Contact Person

at (561) 729-6534

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

1. The name of the corporation: Panacea Oyster Co-Op Corporation
2. The principal office address: 102 Ben Willis Road Rd, Crawfordville, FL 32327
3. The mailing address (if different): same
4. Date of incorporation/qualification: _____ Document number: _____
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)

Robin Olin

102 Ben Willis Road

Crawfordville, FL 32327

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

Katherine Waldron

1215 Gator Lane

P.O. Box NOT acceptable

West Palm Beach, FL 32358

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

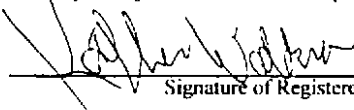


Signature of an officer or director

Robin Olin

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

8-1-18

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)