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SECRETARY OF STATE
FALL MASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	,
SUBJECT: PAN Eye, Sorp. (Name of corporation)	: ১৬,সমত ১৮৮
DOCUMENT NUMBER: P9600021644	· £11.
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:	
Max M Hagen (Name of contact person)  Hagen & Hagen P.A. (Firm/Company)	
3531 Guffin Rd (Address)	
(City/state and zip code)	. 40
For further information concerning this matter, please call:	
Max M Hagen at (954 957 OTH)  (Name of contact person) (Area code & daytime telephone no	ımber)
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 <u>FDVIGG</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PANEYS, Carp
2. The principal office address: Dry Indian Trace Just 105-B
Weston M. 33326
3. The mailing address (if different):
4. Date of incorporation/qualification: March 8,1996 Document number: P9600002/69
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
11 27/5 TOWN ON THE SECOND
16363W, 7
TUNEVOKA PINGS. MI. DJONTES W
6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are regis
(if changed):
J3531 G. C. PA
(P.O. Box NOT acceptable)
Ft. Laud., A. 353/2
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)  (Signature of an officer or director)  (Signature of an officer or director)  (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 composition has been notified in writing of this change.
(Signature of Registery Agent)  4/8/05 (Date)
If signing on behalf of an entity:
Max M Hagen
(Typed or Printed Name)

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