Current Mai	ling Address:			
10 PARK ST ST PETERS	⁻ N BURG, FL 33710			
FEI Number: 59-0827278			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agen	t:		
SWITZER, DAV 10 PARK ST N SAINT PETER SAINT PETERS				
The above name	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of Flo	orida.
SIGNATURE	E: DAVID B SWITZER			01/11/202
SIGNATURE	E: DAVID B SWITZER Electronic Signature of Registered Agent			01/11/202 Date
	Electronic Signature of Registered Agent			
Officer/Dire	Electronic Signature of Registered Agent	Title	VP	
Officer/Dire Title	Electronic Signature of Registered Agent	Title Name	VP SHIELDS, SANDRA	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : P			
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : P THOMAS, PAUL	Name	SHIELDS, SANDRA	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P THOMAS, PAUL 10 PARK ST N	Name Address	SHIELDS, SANDRA 10 PARK ST N	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P THOMAS, PAUL 10 PARK ST N ST PETERSBURG FL 33710	Name Address City-State-Zip:	SHIELDS, SANDRA 10 PARK ST N ST PETERSBURG FL 33710	
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : P THOMAS, PAUL 10 PARK ST N ST PETERSBURG FL 33710 TREASURER	Name Address City-State-Zip: Title	SHIELDS, SANDRA 10 PARK ST N ST PETERSBURG FL 33710 SECRETARY	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERTA J ADAMS

TREASURER

01/11/2021

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9400000876

Entity Name: PASADENA CARD CLUB, INC.

Current Principal Place of Business:

FILED Jan 11, 2021 Secretary of State 9225080581CC

Date