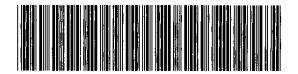
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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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OR DEC -5 MILLS 4.
SECRETARY OF STATE

D. BRUCE

DEC - 8 2008

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations			•
	PAONE VENTUI	PFS IIC		
SUBJECT:			oility Company)	
			,,	
Dear Sir or Madam	:			
The enclosed Regis	tered Agent/Registered (Office Change a	and fee(s) are subm	itted for filing.
Please return all con	respondence concerning	this matter to t	he following:	
SHERRY L. HYM	AN			
· · · · · · · · · · · · · · · · · · ·	(Name of Person)		_	
LAW OFFICE OF SHERRY L. HYMAN, PLLC				08 SECR
	(Firm/Company)		-	
2525 MTT TO BU	mpart curms 101			C -5 AM
3535 MILITARY	TRAIL, SUITE 101		_	PO E E
(Address)				MIN: 40
JUPITER, FL 3	3458	•		
((City/State and Zip Code)		_	
For further information	tion concerning this matt	er, please call:		
Sherry L. Hym	an	_ at (744-3140	
(Nan	ne of Person)	(Area C	ode & Daytime Tel	lephone Number)
Registration S Division of C Clifton Build	orporations ing ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for the following	ng amount:		
\$25 Filing	g Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: Paone	e Ventures, LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 166 Spyglass Lane Jupiter, FL 33477		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1120 Bethlehem Pk Box 280 Spring House, PA 19477		
12/20/2000	L00000016124		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of Registered Agent:	n the records of the Florida Dept. of State C		
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324 ω		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	Sherry L. Hyman, Esq.		
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Law Office of Sherry L. Hyman, PLLC 3535 Military Trail, Suite 101		
[MOST BE TECKIDA STREET ADDRESS]	Jupiter ,FL 33458		
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is		
Salvatore S. Paone, Member			
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited hability company has been notifications.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I may registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change.		
(Signature of Registered Agent)			
Division of Corporations, P.O. Bo			

INHS18 (05/08)