L04000050495

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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Certified Copies	Certificates	s of Status		
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TRANSMITTAL LETTER

TO: Registration S Division of C				
A.V	Pi	antheon, LLC		
SUBJECT:		imited Liability Company)		
	of Amendment and fee(s) are suspondence concerning this matte	-		
	Ro	oberto Neuberger		
	(Name of Person)		
	Ac	ctive Filings LLC		MET T.
	((Firm/Company)	04 AUG	Wisiles
	106	51 N E 11th Court		
		(Address)		CORP
		ni Shores, FL 33138		TY OF STATIONS
	(City	/State and Zip Code)		OF:S
For further information	n concerning this matter, please	call:		
Roberto Neu	berger	at (305) 893-987	70	
•	(Name of Person)	(Area Code & Daytime	e Telephone Number)	
Enclosed is a check for the	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 21, 2004

ROBERTO NEUBERGER ACTIVE FILINGS LLC 10651 N.E. 11TH COURT MIAMI SHORES, FL 33138

SUBJECT: PANTHEON, LLC Ref. Number: L04000050495 OL MIIC - 9 PH 1:5

We have received your document for PANTHEON, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to change the address of the registered agent, the agent must sign specific language. Enclosed is the proper form for changing the registered agent's 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 704A00046127

onger 17277



10651 N.E. 11th Court Miami Shores FL 33138, USA Phone: 305.893.9870 Fax: 305.402.2248 Toll Free: 877.893.9495

August 2, 2004

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

SUBJECT: PANTHEON LLC - Ref Number L04000050495

Dear Lee Rivers

As requested, find attached the Statement of Change of Registered Office for a Limited Liability Company.

Please return all correspondence concerning this matter to:

Active Filings LLC 10651 NE 11 Court Miami Shores, FL 33138

For further information concerning this matter, please call:

Roberto Neuberger at 1-305-893-9870

Sincerely,

Roberto Neuberger Managing Member Active Filings LLC 04 AUG -9 PH 1:51

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.

1. The name of the limit	ited liability company is:	Pantneon, LLC	
2. The mailing address	of the limited liability co	mpany is: 3134 North Jog R	toad, #1102,
West Palm Beach, F			
July 7th, 2004		L04000050495	
3. Date of filing/registration in Florida		4. Document num	
	stered agent and the regist	tered office address as shown or	
	3134 North Jog Roa	Name ad, #1120	
	West Palm Beach, I	Address FL 33411 State and Zip	0 1
6. The name and addres	s of the new registered ag	-	O4 AUG -
	Gail Rizzo		-9 OF COL
	3134 North Jog Roa	Name ad, #1102	PM 1:5
	Florida street address	(P.O. Box NOT acceptable)	<u> </u>
	West Palm Beach	_{FL} 33411	ū.
	City, S	tate and Zip	
confirmed that after the and the business office liability company, it is the members of the limit the operating agreement	change or changes are many	ander the laws of the State of Fl ade, the Florida street address o ll be identical. Or, in the case o change(s) was/were authorized as otherwise provided in the arti	of the registered office
	ionzed representative of a memor	•,	
Gail Rizzo (Printed or typed name of sign	ee)		
I hereby accept the appropriate the comply with the provision of I am familiar with the provision of I am familiar with the chapter 608, F.S. Or address of the complete the c	pointment as registered as ons of all statutes relative and and accept the obligation if this document is being from that the limited liability and the limited liability.	gent and agree to act in this cape to the proper and complete pe s of my position us registered a filed to merely reflect a change ty company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00