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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PISHON I, LLC (Name of Limited L	iability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	·	
James D. Cecil		
(Name of Person)		
Pishon Partners, LLC	•	
(Firm/Company)	•	
505 S. Flagler Drive, Suite 1002		
(Address)		
West Palm Beach, FL 33401		
(City/State and Zip Code)		
For further information concerning this matter, please	call:	
James D. Cecil at (561) 655-4441	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amoun	nt:	
\$25 Filing 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.

1. The name of the limited liability company is: Pishon I, LLC	<u></u> .	
2. The mailing address of the limited liability company is: 505 S. Flagler D	rive, Suite 1002	
West Palm Beach, FL 33401		
Troots and Dodon, 12 do to		
1/10/2006 L06000003546	L06000003546	
3. Date of filing/registration in Florida 4. Document	number	
5. The name of the registered agent and the registered office address as show Florida Department of State:	wn on the records of the	
Corporate Creations Network, Inc.	o \(\frac{1}{\text{\chi}}\)	
Name	70 70	
11380 Prosperity Farms Road #221E	SECRETAR VISION OF 1	
Address		
Palm Beach Gardens, FL 33410		
City, State and Zip		
6. The name and address of the new registered agent and/or office:		
D' Les Bertenes III O		
Pishon Partners, LLC	<u>—</u>	
Name 505 S. Flagler Drive, Suite 1002		
Florida street address (P.O. Box NOT acceptable	le)	
West Palm Beach, FL 33401		
City, State and Zip		
If the limited liability company is not organized under the laws of the State confirmed that after the change or changes are made, the Florida street addrand the business office of the registered agent will be identical. Or, in the cliability company, it is hereby confirmed that the change(s) was/were authorof the members of the limited liability company or as otherwise provided in or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ress of the registered office	
James D. Cecil (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligations of my position as register Chapter 608, F.S. Or, if this document is being filed to merely reflect a chapter state of the company has been notificated. Thereby, Polyan Rober, Lucy, Lines, Lucy, Lines, Li	is capacity. I further agree to te performance of my duties, red agent as provided for in inge in the registered office ed in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00