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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PISHON III, LLC (Name of)	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing	g.
Please return all correspondence concerning	g this matter to the following:	
James D. Cecil (Name of Person)	······································	OT OCT 12 PM 12: OU
Pishon Partners, LLC (Firm/Company)		PH IZ: OU
505 S. Flagler Drive, Suite 1002 (Address)		AND OF
West Palm Beach, FL 33401		
(City/State and Zip Code)		
For further information concerning this matt	tter, please call:	
James D. Cecil	at (561) 655-4441	
(Name of Person)	(Area Code & Daytime Telephon	ie 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	ing amount:	
\$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 III, LLC
2. The mailing address of the limited liability	company is : 505 S. Flagler Drive, Suite 1002
West Palm Beach, FL 33401	•
4/10/2006	L0 0 000037510
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the re- Florida Department of State:	gistered office address as shown on the records of the
Corporate Creation	ons Network, Inc.
	Name
11380 Prosperity Farms Road #221E	
	Address
Palm Beach Garde	ins, FL 33410 문항 음
Cit	ly, State and Zip
6. The name and address of the new registered	Address ens, FL 33410 ty, State and Zip I agent and/or office: LC Name e, Suite 1002
Pishon Partners, L	LC E S
505 S. Flagler Drive	Name e. Suite 1002
	ess (P.O. Box NOT acceptable)
West Palm Beach,	FL 33401 _
City	, State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t	
Outlies D. Octor	

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent)

Monday, Pisher Parkas. LCC

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