L08000089233

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name) $\int ()\hat{S} - \hat{S}G + 3 = 3$					
(Document Number)					
Certified Copies Certificates of Status					
Special instructions to Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

N. Oct 15 2009

COVER LETTER

Division of Co	orporations				
SUBJECT:	Palo Property Solutions, LLC				
			Liability Con		
Dear Sir or Madam:					
The enclosed Register	red Agent/Registered C	office Cl	ange and fee	e(s) are submitted for filing.	
Please return all corre	spondence concerning	this mat	ter to the fol	lowing:	
	Donald Paleno Name of Person				
Palo Pr	operty Solutions, LLC Firm/Company)			
1155 Sa	arah Jean Circle #10 Address	1			
	aples, FI 34110 y/State and Zip Code				
palopro	perties@comcast.ne	t (Costion)			
	n concerning this matte				
	f paleno	_ at (239)	293-0951	
Name of	Person		Area Cod	e & Daytime Telephone Number	
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle		Registration Division of P.O. Box 63	Corporations	
Enclosed is a	check for the followin	g amou	nt:		
\$25 Filing I	² ee	[\$55 Filing	g Fee & Certified Copy	

TO:

Registration Section



October 15, 2009

DONALD PALENO 1155 SARAH JEAN CIRCLE #101 NAPLES, FL 34110

SUBJECT: PALO PROPERTY SOLUTIONS, LLC

Ref. Number: L08000089233

We have received your document for PALO PROPERTY SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6067.

Letter Number: 909A00033026

Neysa Culligan Regulatory Specialist II

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. Name of the limited liability company:	Palo Property Solut	tions, LLC			
2. (a) Principal office address of limited liability comp	pany:	09 C			
(Note: MUST BE STREET ADDRESS)	1155 Sarah Jean (Circle \$101			
	<u>Naples, Fl 34110</u>	Sign of the sign			
(b) Mailing address of limited liability company:		- C C			
(Note: MAY BE POST OFFICE BOX)	A	TALE 02			
September 19, 2008	1.0800	0089233			
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown	on the records of the Flor	ida Dept. of State:			
Registered Agent:	United States Corp	oration Agents, Inc.			
Registered Office Address:	320 S. Flamingo Ro	320 S. Flamingo Road			
	Pembroke Pines, F	1 33027			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	NEW Registered Office a	address:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1155 Sarah Jean Circle #101			
	Naples	,FL <u>34110</u>			
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of dentical. Or, in the case of ge(s) was/were authorized	f the registered office f a Florida limited by an affirmative vote			
DoNald R. PALENO Printed or typed name of signee					
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this cape e proper and complete per y position as registered ag o merely reflect a change if pany has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.			
(Nouse P. Tale					

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