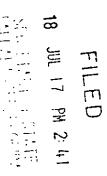
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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	PAONE REAL ESTATE LLC							
COIMI	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	following:					
ROC	CO LAMURA, ESQ.							
	Name of Person		_					
TOSOLINI LAMURA RASILE & TONIUTTI LLP								
	Firm/Company							
	407 Lincoln Road Suite 11C							
	Address							
	Miami Beach Florida 33139							
	City/State and Zip Code							
rocco	.lamura@tlrtlaw.com							
E	-mail address: (to be used for future ann	iual report noti	fication)					
For fur	ther information concerning this matter,	, please call:						
Rocco	o Lamura, Esq.	212 at (564 5400					
	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	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassec, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	<u> </u>	i55 Filing Fee & Certified Copy					
INHSI	8 (2/14)							

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

l.	Na	me of the limited liability company:	state	LL -—	C	· · · · · · · · · · · · · · · · · · ·	
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 100 S.E. Second Street, Suite 3800	(-	100 S.E	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Second Street, Suite 3800	
		Miami, Florida 33131		Miami, F		Florida 33131	
		05/09/2018		L	1800011	12798	
3. 5. (a)	(a)	Date of filing/registration in Florida Stefania Bologna, Esq.	4.			Document number	
	, ,	Registered Agent and Registered Office shown on the records of t	e: -				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100 S.E. Second Street, Suite 3800					
		Miami	33131	1		E F	
,	(b)	Rocco Lamura Enter name of NEW Registered Agent and/or NEW Registered Office address:				LED 17 94 2:41	
		NEW Registered Office Address:	-			-	
		407 Lincoln Road, Suite 11-C				-	
		Miami Beach	33139	9		_	
the age was the	cha ent v s/we arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member of a member or authorized representative of a member by accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the appointment as registered agent and agreement of the accept the ac	the regability of the limited	gist cor mit I lia	ered officenpany, it is ted liability cor Glova I	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in npany. NOT PAONE Printed or typed name of signee	
pro the to i not	ovisi obl nere tified	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete in the statutes of my position as registered agent as provided by reflect a change in the registered office address, 1) I in writing of this change.	perfori d för in hereby	mai coi	nce of mv hapter 60, nfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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