Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000046570 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Page 1	Address:			

LLC REGISTERED AGENT CHANGE BEELINE IMPORT AND SERVICES, LLC

Certificate of Status Certified Copy 0 03 Page Count \$25.00 Estimated Charge

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/25/2014

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: beeline Import and Services LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The section of the state of Assessment section of						
The enclosed Kegistered Agent/Kegistered	Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning	g this matter to the following:					
Davin Williams						
Name of Person						
beeline Import and Services LLC						
Firm/Company						
1075 Peachtree Street, NB, Suite 3250,						
Address						
•						
Atlanta, GA 30309						
City/State and Zip Code						
dank william Atalian areas						
davin.williams@beeline-group.com E-mail address: (to be used for future annual report	notification)					
For further information concerning this mat	ter, please call:					
Davin Williams	at (678) 538 6578					
Name of Person	Area Code & Daytims Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following	Enclosed is a check for the following amount:					
S25 Filing Fee	\$55 Filing Fee & Certified Copy					
INHS18 (12/13)						

PLOIS - 12/3 L/2015 Walters Klawer Godine

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT-OR

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability

company submits the following statement in order to ch both, in the State of Florida.	iange its registered office or registered ager	ıt, o	
1. Name of the limited liability company: beeline Import	and Services LLC		
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	my: 1075 Peachtree Street, NE, Suite 3250, Atlanta, GA 30309		
(b) Mailing address of limited liability company: (Note: MAY BR POST OFFICE BOX)			
June 7, 2011	M11000002916		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:		
Registered Agent:	Paracorp Incorporated		
Registered Office Address:	236 East 6th Avenue Tallahassee, FL 32303		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			
NEW Registered Agent;	C T Corporation System	—	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		
HOOGE BEET EVICEN OF THESE ADDRESS	Plantation ,FL 33324	<u> </u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise agreement of the limited liability company. Signsture of a member or authorized representative of a member	Florida speet address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vot	e of	
Davin Williams, VP of Pinance North America			
Printed or typed name of signer			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pander 603, F.S. Or, if this document is being filed to maderess, I hereby confirm that the limited liability companed T Corporation System Sty: Signature of Registered Agent	agree to act in this capacity. I further agree roper and complete performance of my dutie ostilon as registered agent as provided for it erely reflect a change in the registered officiny has been notified in writing of this change	: 10 :S, n ::	
Signature of Registered Agent Division of Corporations, P.O. Box 6	ksistani heaviaru		
Division of Corporations, P.D. Bay b	327. I SHBDBRRCC. KL. 32314		

FILING FEE: \$25.00

INHS18 (12/13)