

P09000000 5149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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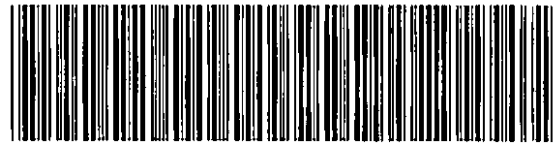
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/24/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Timeline Video Productions Inc.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: P 09000005149

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

CHAD EHLERT
Contact Person

Timeline Video Productions Inc.
Firm/Company

20283 STATE ROAD 7 suite 532
Address

BOCA RATON FL 33498
City, State and Zip Code

OFFICE @ TIMELINEPRO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAD EHLERT at (954) 571 5155
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Timeline Productions Inc
Name of Limited Partnership or Limited Liability Limited Partnership

2. ~~XXXXXX~~ 01.16.2009 3. P.090000005149
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHAD EHRET / Timeline Video Productions Inc
Name
1750 WEST NEWPORT CENTER DRIVE
Address
DEERFIELD BEACH FLORIDA 33442
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CHAD EHRET / Timeline Video Productions Inc.
Name
20203 STATE ROAD 7 SUITE # 532
Florida street address (P.O. Box not acceptable)
BOCA RATON FLORIDA FL 33498
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FL