F1800000734

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COVER LETTER

Division of Corporations

SUBJECT: GolfLine, Inc.
Name of Corporation

DOCUMENT NUMBER: F1800000734

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

Please return all correspondence concerning this matter to the following:

WONE ACAMEM
Name of Contact Person

When the following of Contact Person

Firm/Company

112 Fourth Avenue, Suite A

Address

Address

Address

Address

Lenail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

Mailing Address:

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: GolfLir	ne, Inc.		
2. The principal office address: 112 FC	OURTH AVE, SUI	TE A	
	ANTIC, FL 3290	3	
3. The mailing address (if different):			
4. Date of incorporation/qualification:	02/12/2018	Document number:	F18000000734
5. The name and street address of the cu Florida Department of State: (If resig	ırrent registered age	ent and registered office on fi	
	DEVANNEY, Y	/ONNE	
112 Fourth Ave, Suite A		— — ₹∞ ā	
	Indialantic, FL 32903		
6. The name and street address of the no (if changed):			
	InCorp Services, Inc.		
	17888 67th Court North		ω ₄
	P.O. Box NOT acc		
	Loxahatchee, FL	_ 33470	
The street address of its registered offi as changed will be identical.	ce and the street ad	dress of the business office	of its registered agent,
Such change was authorized by resolut authorized by the board, or the corpora			/ an officer so
Signature of an officer of director		— JUDNE Of Printed or typed name a	levanney. CF
hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am far agent. Or, if this document is being fil hereby confirm that the corporation ha	niliar with and acci ed merely to reflect	ept the obligation of my pos t a change in the registered	complete ition as registered office address, I
Raien Str	-	February 26,	2018
Signature of Registered Agent			

* * * FILING FEE: \$35.00 * * *

Typed or Printed Name