## 49729

| (Requ                       | estor's Name)  | )           |
|-----------------------------|----------------|-------------|
| (Addre                      | ess)           |             |
| (Addre                      | ess)           | <u>:</u>    |
| (City/S                     | State/Zip/Phon | ne #)       |
| PICK-UP                     | ☐ WAIT         | MAIL        |
| (Busir                      | ness Entity Na | me)         |
| (Docu                       | ment Number    | )           |
| Certified Copies            | Certificate    | s of Status |
| Special Instructions to Fil | ing Officer:   |             |
|                             |                |             |
|                             |                |             |
|                             |                |             |





400227842314

04/09/12--01018---006 \*\*25.00

04/25/12--01018--019 \*\*10.00

SECRETARY OF STATE ALLAHASSEE, FIORITA

APR 26 2012

## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Line Link Communications Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Line Link Communications Inc.

Firm/ Company e-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



April 13, 2012

KAMBER V EISKANT 2429 SW CENTURY WAY STUART, FL 34997

SUBJECT: LINE LINK COMMUNICATIONS, INC.

Ref. Number: H97298

We have received your document for LINE LINK COMMUNICATIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in to change the registered agent is not correct.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Letter Number: 112A00011717

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to

Articles of Incorporation of

| Line Link Communications Inc   |          |
|--|----------|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |          |
| H97298   |          |
| (Document Number of Corporation (if known)   |          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:   | ıt(s) to |
| A. If amending name, enter the new name of the corporation:  |          |
| The new  |          |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |          |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |          |
|  |          |
|  |          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |          |
|  |          |
|  |          |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |          |
| Name of New Registered Agent   |          |
| (Florida street address)   |          |
| New Registered Office Address: , Florida   |          |
| (City) (Zip <b>Cot</b> e) 23   |          |
| APR APR - II   |          |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |          |
|  |          |
| Signature of New Registered Agent, if changing   |          |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | PT John Doe           |                                       |  |
|----------------------------|-----------------------|---------------------------------------|--|
| X Remove                   | V Mike Jones          | <u>s</u>                              |  |
| X Add                      | SV Sally Smith        | <u>h</u>                              |  |
| Type of Action (Check One) | <u>Title</u> <u>N</u> | ame                                   | Address                                  |
| Change Add Remove          | <u>5V</u> 1           | Brent Eiskant                         | 2429 SW Century Way<br>Stuart, FL, 34997 |
| 2) Change Add Remove       |                       | · · · · · · · · · · · · · · · · · · · |  |
| 3 ) Change Add Remove      |                       |                                       |  |
| 4) Change Add Remove       |                       |                                       |  |
| 5) Change<br>Add<br>Remove | <del></del>           |                                       |  |
| 6) Change<br>Add<br>Remove |                       |                                       |  |

| ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| ne date of each amendment(s) a                         | doption: 4/19/12   |
|--|--|
| Tective date <u>if applicable</u> :                    | ASAP   |
| <u> </u>   | (no more than 90 days after amendment file date)   |
| option of Amendment(s)                                 | (CHECK ONE)  |
| endment(s) was/were add<br>shareholders was/were su    | opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.   |
|  | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):                 |
| The number of votes cast                               | for the amendment(s) was/were sufficient for approval  |
| by   |  |
|  | (voting group)   |
| he amendment(s) was/were add<br>tion was not required. | opted by the incorporators without shareholder action and shareholder  |
| Dated 4/10   | 9/12   |
| Signature  | Mark Cont  |
|  | lipector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court |
|  | ted fiduciary by that fiduciary)   |
|  | Anthony A. Eiskant   |
|  | (Typed or printed name of person signing)  |
|  | <u>President</u>   |
|  | (Title of person signing)  |