104000046375

Keindall Kull Z (Reduestor's Name)
Line 13 Hovida LCC (Address)
1070 East Indiantown Ra
SUITE 212 (City/State/Zip/Phone #)
JUPITUR PL 33477 PICK-UP WAIT MAIL
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10 : 1 AS 61 TAT 70

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

	ne of a contact.				
1. The name of the limit	ted liability company i	s: Line 13 Flori	da LLC		······································
2. The mailing address of				itown Road, S	uite 212
Jupiter, FL 33477					
June 21, 2004		L	.04000046375	5	······································
3. Date of filing/registra	tion in Florida	4.	Document num	nber	***************************************
5. The name of the regist Florida Department of	f State:	gistered office add	ress as shown o	on the records o	f the
	Kendall W. Kunz				
	169 Tequesta Dri	Name ive, Suite 34E			
		Address		•	•
	Tequesta, FL 334				Q /
	•	y, State and Zip		·	<u>ب</u>
6. The name and address	of the new registered	agent and/or offic	e:	;	
	Kendali W. Kunz			, ,	<u>.</u>
	Name 1070 East Indiantown Road, Suite 212			<u> </u>	2 11
	Florida street addre	ess (P.O. Box NO	T acceptable)	- *******	-
	Jupiter	_{FL} 33477		> `	
	City,	State and Zip		•	•
If the limited liability corconfirmed that after the cand the business office o liability company, it is he the members of the limit the operating agreement	change or changes are if the registered agent ereby confirmed that the diability company of the limited liability	made, the Florida will be identical. (he change(s) was/or as otherwise processor company.	street address o	of the registered	d office
Kendall W. Kunz	•				
(Printed or typed name of signee				•	•
I hereby accept the apportunity of the provision and I am familiar with all Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	pintment as registered ns of all statutes relati nd accept the obligation this document is being that the limited liabi	agent and agree to ive to the proper a ons of my position I filed to merely re lity company has l	o act in this cap und complete pe as registered a eflect a change been notified in	pacity, I furthe erformance of n gent as provide in the registere writing of this	r agree to 1y duties, 2d for in 2d office change.

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

FILING FEE: \$25.00