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(Requestor's Name)				
(Ad	dress)			
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
				
☐ PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates	s of Status		
Chapial Instructions to	Citing Officer			
Special Instructions to Filing Officer:				
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SECULTARY OF STATE

M. THOMAS

FEB - 5 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: LINSTAR, LLC (Name of Li	mited Liability Company)	_ •
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
RICHA	RD A LINDER		
	(Name of Person)		0.9
			09 FEB -4 M M: 24
LINSTA	AR, LLC		型上
	(Firm/Company)		
	•		THE TENT
4244 S	OUTH FLETCHER AVENUE (Address)		留:2
	·		Du.
EEDNIA	ANDINA BEACH, FLORIDA 32034		
T LIXIV	(City/State and Zip Code)		
For fu	ther information concerning this matter, p	lease call:	
RICHA	RD A LINDER at ((904) 261-3992	
	(Name of Person)	(Area Code & Daytime Telephone Number)	_
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following an	nount:	
	☐ \$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy	

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.

1. Name of the limited liability company: LINSTAR,	LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 4602 CARLTON DUNES DRIVE UNIT 10 AMELIA ISLAND , FLORIDA 32034
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME AS ABOVE
MAY 18, 2005	L05000049570
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	RICHARD A LINDER
Registered Office Address:	4602 CARLTON DUNES DRIVE UNIT 10 AMELIA ISLAND FLORIDA 32034
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: RICHARD A LINDER
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	FERNANDINA BEACH,FL_32034
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	tet address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member) Richard A. Linder (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in a registered agent as provided for in Chapter 608, is change in the registered office address, I hereby bed in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00