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(Requestor's Name)				
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- Chris Strasser -				
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Chris Strasser 1891 W Flagler St #201 Minni, FL 33144				
(City/State/_				
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PICK-UP	WAIT	MAIL		
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2007

CHRIS STRASSER 7891 W. FLAGLER ST. #201 MIAMI, FL 33144

SUBJECT: B-LINE FINANCIAL LLC

Ref. Number: L06000031050

We have received your document for B-LINE FINANCIAL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 007A00019593

## STÄTEMENT 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. The name of the limited liability	company is:6	-Line Fina	ideial LCC.
2. The mailing address of the limite	d liability company is	: 7891 West MiAm), FL	Flagler St, STEZO1 33144
3/23/06 3. Date of filing/registration in Flor	ida		76956
5. The name of the registered agent a Florida Department of State: <u>Corpora</u> 11380 <u>Palm</u>		Notwork TNC ums Road H	
6. The name and address of the new	ony, out and	-5-P	
Mian	Citý, State and Z	Street, STE 20 x NOT acceptable)  33144  Cip	DOTHAY I
If the limited liability company is not confirmed that after the change or cl and the business office of the registe liability company, it is hereby confit of the members of the limited liabil or the operating dereement of the limited liability of t	ity company or as other	laws of the State of Fl Florida street address of tical. Or, in the case of was/were authorized erwise provided in the y.	orida; it is hereby  f the registered office  f a Florida limited  by an affirmative vote  articles of organization
(Printed or typed name of signee)  I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept the Chapter 608, If S. Or, if this docum address, I hereby confirm that the lift		ngree to act in this cap oper and complete per ssition as registered as erely reflect a change in by has been notified in	acity. I further agree to formance of my duties, zent as provided for in n the registered office writing of this change.

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

(Signature of Registered Agent)