108000019226

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

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	r: <u>Bottom</u>	(Name of Limited Liability Company)
Dear Sir o	r Madam:	·
The enclos	sed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please retu	ırn all correspondence cor	ncerning this matter to the following:
	Todd Marme (Name of Person)	
•	Bottom line Acc (Firm/Company)	counting, LLC
	9680 Cobblestone (Address)	Creek Pr.
	Boynton Beach, (City/State and Zip Co	FL 33472 ode)
For further	information concerning t	this matter, please call:
	Todd Marmer	at (<u>561</u>) <u>200, 4497</u>
	(Name of Person)	(Area Code & Daytime Telephone Number)
Reg Div Cli 266	REET/COURIER ADDRE gistration Section vision of Corporations fton Building 11 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
En	closed is a check for the	following amount:
X	\$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	e of the limited liability company: $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	Hen	Line F	ccounting	,LLC		
	Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	ompany: -	9680 (Boynta	Colblestone (reek /1 FL 33	<u>.</u> 472	
(b) N	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	: - -	9680 Boynto	Cobblestone on Beach,	Greek 1 FL 334	O _C ,	
<u></u>	3/20/08 of filing/registration in Florida			80000 293	226		
3. Date	of filing/registration in Florida	4.	Document	number			
5. (a) I	Registered Agent and Registered Office sho	wn on the	e records of	the Florida De	pt. of State	• •	
F	Registered Agent:	_	CT	Corporati	1 by 54.54	lem	
, E	Registered Office Address:	_	1200 Planta	South Pine	Island 3324	Road	
1	Enter name of <u>NEW Registered Agent</u> and/ <u>NEW</u> Registered Agent:	or <u>NEW</u>	Toa	ld Harne	<u></u>		
<u>N</u>	<u>NEW</u> Registered Office Address: MUST BE FLORIDA STREET ADDRESS	<u>s)</u> _		Cobblestone Beach			
that afte office of hereby cliability limited I	mited liability company is not organized under the change or changes are made, the Florical fithe registered agent will be identical. Or, is confirmed that the change(s) was/were authorized company or as otherwise provided in the artificial interest of a member of a mem	la street and the case or ized by ticles of a	ws of the Sta address of the e of a Florid an affirmati organization	ate of Florida, in registered of la limited liabil ve vote of the ror the operation.	t is hereby fice and the fity compan nembers of g aggregate TARY OF S	confirmed business by, it is fithe limit the limit the MAY 30 PH	ted
	8 dd Mario			•			

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