L09000057852

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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11/15/16--01024--024 **55.00

SECRETARY OF STATE

D. BRUCE NOV 1 6 2016

COVER LETTER

-	istration Section ision of Corporations				
SUBJECT:					_
	Nan	ie of Limited Li	ability Company		
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for t	filing.	
Please return	n all correspondence concerning th	is matter to the	following:		
Kenneth F	Plotkin				
	Name of Person				
Centerline	e Services LLC				
	Firm/Company		_		
3311 NW	74TH AVENUE UNIT 3311			2016 SECI	
	Address	-		2016 NOV 15 SECRETARY ALLAHASSEE	
MIAMI, FL	_ 33122			NY OF	דורר
	City/State and Zip Code			OF STATE	
kplotkin@	centerlinesvcs.com			RIDA	
E-mail	address: (to be used for future ann	ual report notifi	ication)		
For further i	nformation concerning this matter,	please call:			
Kenneth F	Plotkin	305	798-8182		
	Name of Person		Area Code & Daytime	Telephone Num!	ber
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
□ \$	25 Filing Fee	2 \$5	5 Filing Fee & Certified	Сору	

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Centerline S	ervices	LLC	
2. (a)			b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3311 NW 74TH AVENUE UNIT 3311		3311 N	W 74TH AVENUE UNIT 3311
	MIAMI, FL 33122		MIAMI,	FL 33122
	06/15/2009		L090000	57852
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	PLOTKIN, KENNETH			
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of Star	te:
			.	_
	Registered Office Address (MUST BE FLORIDA STREET 7274 NW 70TH STREET	<u>ADDRES</u>	<u>(S)</u>	
	MIAMI	33166	 }	201 3:E
	, •	<u> </u>		TIL NOV 15 SECRETARY ALLAHASSE
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	m_ m
				DF ST
	NEW Registered Office Address:		<u>-</u>	- : 13
	3311 NW 74TH AVENUE UNIT 3311			_
	MIAMI , F	_L 33122	2	_
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability c of the lir	istered offic company, it in ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ture of a member or authorized representative of a member	1.4	1201119 COI 50006	
I here provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to ac e perforn ed for in I hereby c	ct in this cap nance of my Chapter 60, confirm that	pacity. I further agree to comply with the

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

Signature of Registered Agent