

Division of Corporations

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L10000006942

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
SHORELINE FUND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. LEWIS

MAR 31 2014

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA14 MAR 28 AM 9:57
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TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shoreline Fund LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne H. Goblo III

Name of Person

The Bolco Company.

Firm/Company

500 Park Blvd. - Suite 1010

Address

Itasca, IL 60143

City/State and Zip Code

wgoble@bolco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth E. Garstka

at (630) 694-8160

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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Shoreline Fund LLC

<p>2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>)</p> <p><u>500 Park Blvd. - Suite 1010</u></p> <p><u>Itasca, IL 60143</u></p> <p><u>01/19/2010</u></p>	<p>(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>)</p> <p><u>500 Park Blvd. - Suite 1010</u></p> <p><u>Itasca, FL 60143</u></p> <p><u>L10000006942</u></p>
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3. Date of filing/registration in Florida 4. Document number

5. (a) PFP CORPORATE SERVICES LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2407 Periwinkle Way, Suite 6

Sanibel, FL 33957

(b) C T Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Wayne H. Goble III
Signature of a member or authorized representative of a member

Wayne H. Goble III
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Connie Bryan
Signature of Registered Agent

Connie Bryan
Registered Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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