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(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
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TO: Registration Section Division of Corporations	;	<i>•</i> ℓ!
LINEMEN HOLDINGS, LLC SUBJECT:	;	·
	ne of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the f	following:
<u> </u>	A.	
OLGA L SEUC		
Name of Person)
LINEMEN HOLDINGS, LLC		
Firm/Company		
762 EAST 4th AVE		
Address		
HIALEAH ,FL 33010		
City/State and Zip Code		
olgaseuc@gmail.com		
E-mail address: (to be used for future and	nual report notifi	cation)
For further information concerning this matter	, please call:	·
Olga LSeuc	305	968-2590
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	Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314
Enclosed is a check for the following	g amount:	•
☑ \$25 Filing Fee	□ \$5	5 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 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

2. (a)		(b)		·			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:			ing address of <i>lote: MAY Bl</i>		-	
	762 EAST 4th AVE		762		4th AVE			
	HIALEAH, FL 33010		HIAL	EAH,	FL 33010			
	March, 8th,2011		LI 1 000	002876	67			•
3.	Date of filing/registration in Florida	4.		Do	cument nui	nber		
5. (a)	RICHARD J DELGADO							
). (a)	Registered Agent and Registered Office shown on the record	ls of the Florida	Dept, o	of State:		4		
	Registered Office Address (MUST BE FLORIDA STRE		<u></u>					
	MIAMI LAKES	, FL 33016		·		E S	201	
(1-)						LAH	2016 AUG	77
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office ad	dress:			TARY ASSE	-8	E SANDAR MA
	OLGA L SEUC					E. FLORID		
	NEW Registered Office Address:					喜	J: 37	
	762 EAST 4th AVE					턴	-1	
	HIALEAH	, FL 33010						
signa Signa I herecorovisithe oblive merce	imited liability company is not organized under thinge or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limited and provided by an affirmative vote of the member of organization of the operating agreement of the proper and companies of all statutes relative to the proper and companies of my position as registered agent as provided and the proper and companies of my position as registered agent as provided and the proper and companies of the proper and compa	ss of the regised liability coers of the limited limit	stered of company of the distribution of the d	office are y, it is he ability compa	and the busine ereby confine ompany or a ny. 2	LCAD name of sig	of the the chase pro	registered inge(s) vided in

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