

L11000 136 323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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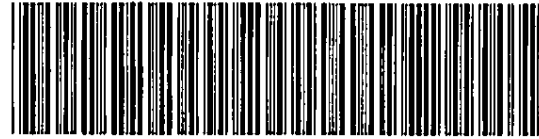
(Business Entity Name)

(Document Number)

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2020 FEB 10 AM 9:17  
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TALLAHASSEE, FLORIDA

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FEB 11 2020  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BlueLine Telecom Group, 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:

Scott Williams

Name of Person

BlueLine Telecom Group, LLC

Firm/Company

303 S. Laurel Avenue

Address

Sanford, Florida 32771

City/State and Zip Code

swilliams@truechoicetech.com

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

For further information concerning this matter, please call:

Scott Williams

888

249-9755

at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2020

SCOTT WILLIAMS  
303 S. LAUREL AVENUE  
SANFORD, FL 32771

SUBJECT: BLUELINE TELECOM GROUP, LLC  
Ref. Number: L11000136323

We have received your document for BLUELINE TELECOM GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 420A00002041

2020 FEB 10 PM 12:11

**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: BlueLine Telecom Group, LLC

2. (a) 303 S. Laurel Avenue (b) 303 S. Laurel Avenue  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Sanford, Florida 32771

Sanford, Florida 32771

12/02/2011

L11000136323

3. Date of filing/registration in Florida 4. Document number

5. (a) GOMEZ, ANTHONY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
303 S. Laurel Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sanford, FL 32771

(b) WILLIAMS, SCOTT  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

303 S. LAUREL AVENUE

SANFORD, FL 32771

FILED  
2020 FEB 10 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

Anthony Gomez  
Printed or typed name of signee

*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.*

[Signature]  
Signature of Registered Agent