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JUN 1 8 2014 C. CARKOTEL

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: LINSAM, LLC.				
	Nan	ne of Limited L	lability Company		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Micha	ael Spring				
	Name of Person				
LINS	AM, LLC.				
	Firm/Company		_		
3300	Corporate Avenue, Suite 116				
	Address	•	_		
West	on, FL 33331				
	City/State and Zip Code		_		
LSpri	ing66@hotmail.com				
E	E-mail address: (to be used for future ann	ual report notif	ication)		
For fu	rther information concerning this matter,	please call:			
Lisa S	Spring	954 at (581-1756		
	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	Re Di P.(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		
INHSI	8 (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. N	ame of the limited liability company:).			_
2. (a)	LINSAM, LLC.		(b)	LINSAM,	LLC.
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U).	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3300 Corporate Avenue, Suite 116		3	3300 Cor	porate Avenue, Suite 116
	Weston, FL 33331	_	1	Neston,	FL 33331
	10/25/2012		L	1200013	6149
3.	Date of filing/registration in Florida	- 4.]	Document number
5. (a)	Michael Spring				
J. (u,	Registered Agent and Registered Office shown on the records of Michael Spring	the Flori	ida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET 4061 SW 47th Avenue				
	Fort Lauderdale , FI	3331	4		
(b)	Michael Spring				第二章
` '	Enter name of NEW Registered Agent and/or NEW Registered	(C) - (C)			
	Michael Spring				29
	NEW Registered Office Address:				
	3300 Corporate Avenue, Suite 116				
	Weston , FI	3333	1		
signal I here provise the obtained to metallic m	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the atture of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is in writing of this change.	f the regisability of the limited M	giste com imite d lia licha	ered office apany, it is ed liability bility compael Spring	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. g Printed or typed name of signee
	Division of Corporations P.O. FILING F				see, FL 32314