| (Requestor's Name)                      |      |  |  |
|---|------|--|--|
| (Address)                               |      |  |  |
| (Address)                               |      |  |  |
|   |      |  |  |
| (City/State/Zip/Phone #)                |      |  |  |
| PICK-UP WAIT                            | MAIL |  |  |
| (Business Entity Name)                  |      |  |  |
|   |      |  |  |
| (Document Number)                       |      |  |  |
| Certified Copies Certificates of Stat   | us   |  |  |
| Special Instructions to Filing Officer: |      |  |  |
|   |      |  |  |
|   |      |  |  |
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Office Use Only



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## COVER LETTER

| Division of Corporations   |   |  |  |  |
|--|---|--|--|--|
| SUBJECT: Southline Partners, LLC Name  | of Limited Liability Company  |  |  |  |
| Dear Sir or Madam:   |   |  |  |  |
| The enclosed Registered Agent/Registered Offic   | e Change and fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this   | matter to the following:  |  |  |  |
| Kathy Moro Name of Person  |   |  |  |  |
| Frank Weinberg Black, P.L. Firm/Company  |   |  |  |  |
| 7805 SW 6th Court Address  |   |  |  |  |
| Plantation, FL 33324  City/State and Zip Code  |   |  |  |  |
| Lynda Watkins@Stiles.com KMoro@fwblaw.net E-mail address: (to be used for future annu  | al report notification)   |  |  |  |
| For further information concerning this matter, p  |   |  |  |  |
| Lynda Watkins  | at ( <u>954</u> ) <u>627-9350</u>   |  |  |  |
| 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:  |   |  |  |  |
| <b>≅</b> \$25 Filing Fee   | \$55 Filing Fee & Certified Copy  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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                      | me of the limited liability company: Southline Partner   | rs, LLC   | ·<br><u>-</u>  |
|------------|-------------------------|--|---|--|
| 2          | (a) A                   | ATTN: Lynda Watkins  | (b)   | b) <u>SAME</u>   |
|            | (-/-                    | Principal office address of limited liability company:   | _ ("/   | Mailing address of limited liability company:  |
|            |                         | (Note: MUST BE STREET ADDRESS)   |   | (Note: MAY BE POST OFFICE BOX)   |
|            |                         | 301 E LAS OLAS BLVD  |   |  |
|            |                         |  | _   |  |
|            |                         | FT. LAUDERDALE, FL 33301   | _   |  |
|            |                         | 04/09/2013   | - <u>-</u>  | L13000051688   |
| 3.         |                         | Date of filing/registration in Florida   | 4.  | Document number  |
| 5.         | (a)                     | CORPORATION SERVICE COMPANY  |   |  |
|            |                         | Registered Agent and Registered Office shown on the records of the   | he Florida  | la Dept. of State:   |
|            |                         | 1201 HAYS STREET   |   |  |
|            |                         | Registered Office Address (MUST BE FLORIDA STREETA   | DDRESS)   | <u> </u>   |
|            |                         | 1.000  |   |  |
|            |                         | TALLAHASSEE , FL   | 32301   | TARASSI R  |
|            | (b)                     | FRANK WEINBERG & BLACK P.L   |   |  |
|            |                         | Enter name of NEW Registered Agent and/or NEW Registered C   | Office addi   | Idress:  |
|            |                         | 7805 SW 6th Court  |   | ddress:  |
|            |                         | NEW Registered Office Address:   |   | m -  |
|            |                         | C/O DAVID BLACK, ESQ.  |   |  |
|            |                         | PLANTATION , FL  | 33324   |  |
| the<br>age | e cha<br>ent w<br>is/we | mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability. | rs of the S<br>the regist<br>pility com<br>I the limi | e State of Florida, it is hereby confirmed that after istered office and the business office of the registered ompany, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in             |
| _;         | Signat                  | are of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| no<br>—    | щев                     | ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.  | ee to act i<br>performan<br>for in Ci<br>ereby con    | at in this capacity. I further agree to comply with the<br>nance of my duties, and I am familiar with and accept<br>Chapter 605, F.S. Or, if this document is being filed<br>confirm that the limited liability company has been |
| - 51       | Rugiiii                 | e of Registered Agent  |   |  |

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