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To:

Division of Corporations

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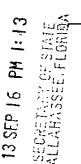
Account Name : INCORP SERVICES INC

Account Number: I20120000007 Phone : (702)866-2500

Fax Number : (702)866-2689

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

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LLC REGISTERED AGENT CHANGE LINKER RE LLC

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Corporate Filing Menu

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COVER LETTER

	egistration Section livision of Corporations				
SUBJEC		NKER RE LLC ited Liability Company			
Dear Sir	or Madam:	and Diability Company			
The enclo	osed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please re	turn all correspondence concerning this	s matter to the following:			
	Heather Nee				
	Name of Person				
	InCorp Services, Inc.		•		
	Firm/Company				· Selection
	2360 Corporate Circle · Suite 400 Address)	AHAS	加爾 SEP 16	•
	Henderson, NV 89074-7722 City/State and Zip Code		Y OF STAT SEE FLORI	AM 8: 4	Track.
F-m/	documents@incorp.com il address: (to be used for future annual report notifi	eation)	Sin	_	
	er information concerning this matter,				
Heather Nee	on behalf of Incorp Services, Inc.	(800) 246-2677			
 _	Name of Person	Area Code & Daytime Telephone Number	,		
R D C 2	TREET/COURIER ADDRESS: tegistration Section division of Corporations diffion Building 661 Executive Center Circle fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	inclosed is a check for the following a	amount:			
V	325 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (5/	108) 1	se MA	. , ~	A 11	27

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. LINKER RE LLC 1. Name of the limited liability company: _ (a) Principal office address of limited liability company; 620 MCKENZIE AVENUE (Note: MUST BE STREET ADDRESS) PANAMA CITY 32401 (b) Mailing address of limited liability company: P.O. BOX 2528 (Note: MAY BE POST OFFICE BOX) **HUTTO AND BODIFORD, PANAMA CITY 32402** 05/17/2013 L13000072736 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State; Registered Agent: HUTTO, BILL R., MR 620 Mckenzie Avenue Registered Office Address: Panama City, FL 32401 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: InCorp Services, Inc. 17888 67th Court North **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Loxahatchee 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 voter 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 of a member or authorized representative of a member 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office agaress. I hereby confirm that the limited liability company has been notified in writing of this change. on behalf of InCorp Services, Inc.

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

INHS18 (05/08)

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