1400015685

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



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|------------------|---|--------------------------|
| SUBJECT: LINE 5, LLC | | | |
| Nan | ne of Limited L | iability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | nce Change and | d fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to the | e following: | |
| Justin D Lane | | | |
| Name of Person | | | |
| Line 5, LLC | | | |
| Firm/Company | | | |
| 5644 Tavilla Circle, Suite 204 | | | 2018 OCT - TALL ARRES |
| Address | | | :3.3 - |
| Naples, FL 34110 | | | AH III 37 |
| City/State and Zip Code | | | |
| justin@line5.com | | | |
| E-mail address: (to be used for future and | nual report noti | fication) | |
| For further information concerning this matter | , please call: | | |
| Justin D Lane | 239 at (| 216-4838 | |
| Name of Person | ar (| Area Code & Daytime Teleph | one Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Ri D P. | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | g amount; | | |
| ☑ \$25 Filing Fee | | S55 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.

| 1. Na | ame of the limited liability company: LINE 5, LLC | | |
|--|--|--|---|
| 2. (a) | 5644 Tavilla Circle, Suite 204 | (b) | P.O. Box 112737 |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Naples, FL 34110 | _ | Naples, FL 34110 |
| | 1/28/2014 | | .14000015685 |
| 3. | Date of filing/registration in Florida | - _{4.} - | Document number |
| 5. (a) | Justin D Lane | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: |
| | 5644 Tavilla Circle, Suite 102 | | 201 |
| | Registered Office Address (MUST BE FLORIDA STREET | <u>ADDRESS)</u> | |
| | Naples FI | 34110 | 2011 0CT - 1 AH 11: 37 |
| (b) | Justin D Lane | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | l Office add | ress: |
| | 5644 Tavilla Circle, Suite 204 | | |
| | NEW Registered Office Address: | | |
| | Naples | 34110 | |
| the cha agent v was/we the art: I here provise the obe to mer | imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the five of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It | f the regist in the regist in the limited limi | ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. In D Lane Printed or typed name of signee in this capacity. I further agree to comply with the |