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CSC - WILMINGTON 251 Little Falls Drive Wilmington : De 19808

800-927-9800 ⁱ 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: April 20, 2021

Order#: 770714/015

Re: STR8LINE GROUP, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office. XX Check in the amount of \$25.00.

Please take the following action:

<u>XX</u> File in your office on a routine basis.
<u>XX</u> Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

Na	me of the limited liability company:	E GROUP,	LLC					
	2005 VISTA PARKWAY		(b)	2005 VIS	TA PARKWAY			
., .	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	ny:	<		Mailing address of limite (Note: MAY BE POS	-		:
	STE 200			STE 200				
	WEST PALM BEACH, FL 33411			WEST PA	LM BEACH, FL 334	11		
	L15000200109			11/30/2015				
•	Date of filing/registration in Florida	4.	_		Document number			
a)	GRACEFFO. RAYMOND						207	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 2005 VISTA PARKWAY				-		2021 APR 22	۰ ۲۰
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 200				-		Р	
	WEST PALM BEACH	FL. <mark>33</mark> 41	1		-	FLORIDI	5:18	
)	Corporation Service Company					Ā		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office	e add	lress:	•			
	1201 Hays Street							
	<u>NEW</u> Registered Office Address:				-			
	Tallahassee	. FL ³²³⁰)1		-			

/s/ Raymond Graceffo

Raymond Graceffo, 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 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.

Mar. L-Kubi

Signature of Registered Agent Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

Signature of a member or authorized representative of a member

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