L160000000902

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COVER LETTER

TO:	Registration Section Division of Corpo						
SUBJE		AMLIN LLC					
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered A	gent/Registered Of	fice Change a	and fee(s) are submitted for filing.			
Please	return all correspon	dence concerning th	is matter to t	the following:			
Willian	n R. Heitz, Esq.						
	N	ame of Person					
HEITZ	LAW FIRM PLLC						
	Fi	rm/Company		 			
2875 S	outh Ocean Drive, Su	ite 200-19					
		Address					
Palm B	each, Florida 33480						
	City/S	tate and Zip Code					
wheitz	@heitzław.us						
Е	-mail address: (to b	e used for future and	nual report no	notification)			
For fur	ther information co	ncerning this matter.	. please call:	:			
Nathan	Vander Wal, Esq.		585 at (272-7760			
	Name of P	erson	(Area Code & Daytime Telephone Num	ber		
	Mailing Address Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a chec	k for the following	g amount:				
	■ \$25 Filing Fee			\$55 Filing Fee & Certified Copy			

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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	nme of the limited liability company: DIMARCO HAM	MLINI	.I.C		
(a)	4938 SANCTUARY LANE	38 CANCTHARY LANE			TLR
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	Mailing address of limited (Note: MAY BE POST)	
	BOCA RATON, FL 33431		ROCHES	TER, NY 14623	
	12/30/2015		L16000000	902	
	Date of filing/registration in Florida	— 4.		Document number	
(a)	CORPORATION SERVICE COMPANY				
()	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Flo	rida Dept. of Stat	- e:	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRI</u>	<u>:SS)</u>	_	
	TALLAHASSEE FI	3230	l	-	200
(b)	JOHN L. DIMARCO, SR.				<u></u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	_	5
	4938 SANCTUARY LANE				
	NEW Registered Office Address:			•	<u> </u>
	BOCA RATON	3343		-	
ange ent w s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the I	ered office and company, it is imited liability d liability con	d the business office of the business hereby confirmed that y company or as other opany.	f the registered it the change(s) wise provided in
ignat	ture of a member or authorized reprodutative of a member	_	NINK	Printed or typed name of	signed
ierel ovisie zobli merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete figutions of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	nerfor	mance of my a	duties, and Lam famili	ar with and acce
natu	re of Registered Agent				