

L16000099368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 SEP 19 P 2:21

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SEP 20 2016

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Acline Storage, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Humpel

Name of Person

Acline Storage, LLC

Firm/Company

1205 Elizabeth Street - Suite E1

Address

Punta Gorda, FL 33950

City/State and Zip Code

admin@fpcbuid.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Pisaturo

at ( 941 ) 205-1400

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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2016 SEP 19 P 2:21  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Acline Storage, LLC

2. (a) Acline Storage, LLC (b) Acline Storage, LLC

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

1205 Elizabeth Street - Suite E1

Punta Gorda, FL 33950

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

1205 Elizabeth Street - Suite E1

Punta Gorda, FL 33950

05/20/2016

L16000099368

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert J. Humpel

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1801 Shreve Street - Suite 113

Punta Gorda, FL 33950

(b) Robert J. Humpel

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Acline Storage, LLC

NEW Registered Office Address:

1205 Elizabeth Street - Suite E1

Punta Gorda, FL 33950

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 vote 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

Robert Humpel

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.*

Signature of Registered Agent