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COVER LETTER

TO: Registration Section Division of Corporations

Acline Storage, LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Robert Humpel

Name of Person

Acline Storage, LLC

Firm/Company

3691 Tamiami Trail

Address

Punta Gorda, FL 33950

City/State and Zip Code

admin@fpcbuilds.com

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

For further information concerning this matter, please call:

Jill Calfee	941 205-1400
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

2 \$25 Filing Fee

□ \$55 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.

(a)	Acline Storage, LLC	(b) Acline S	itorage, LLC	
(4)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	3691 Tamiami Trail	<u> </u>		amiami Trail Gorda, FL 33950	
	Punta Gorda, FL 33950				
	05/20/2016		L1600009	99368	
	Date of filing/registration in Florida	4.		Document number	
(a)	Robert J. Humpel				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2		
	Registered Office Address (MUST BE FLORIDA STREET) 1205 Elizabeth Street, Suite E1	ADDRESS	2	Mes -	
		<u>100RESS</u> 33950	2	17 OCT SEGNET IALLAHA	
(b)	1205 Elizabeth Street, Suite E1		2	17 OCT -2 SEGNE IANY IMLI MHASSEE	
(b)	1205 Elizabeth Street, Suite E1 Punta Gorda, FL	33950		17 OCT -2 AM SEGNETARY OF TALLAHASSEE, FL	
(b)	1205 Elizabeth Street, Suite E1 Punta Gorda, FL Robert J. Humpel	33950		17 OCT -2 AM 7: 30 SEGNETARY OF STATL	
(b)	1205 Elizabeth Street, Suite E1 Punta Gorda Robert J. Humpel Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	33950		-2 AM 7: 3 SSEE. FLOR	
(b)	1205 Elizabeth Street, Suite E1 Punta Gorda Robert J. Humpel Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Acline Storage, LLC	33950		17 OCT -2 AM 7: 30 SEGNETARY OF STAIL TALLAHASSEE, FLORIDA	

was/were huthorized 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

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