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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	~
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R. WHITE FEB 0 4 200



TO: Registration Section Division of Corporations

Hold The Line, LLC SUBJECT:

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:

Brian S Webster

Name of Person

Firm/Company

945 Square Lake Drive

Address

Bartow FL 33830

City/State and Zip Code

Fayde1968@yahoo.com

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

For further information concerning this matter, please call:

Brian S Webster	863	232-6200
at	()	

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

(a)	945 Square Lake Drive	(b)		
	Principal office address of limited liability company. (<i>Note: MUST BE STREET ADDRESS</i>) Bartow FL 33830			ess of limited liability company: 1 <u>Y BE POST OFFICE BOX</u>)
	06/17/2016	L160	000116028	
	Date of filing/registration in Florida	4.	Document	t number
(a)	W & P SERVICES, INC.			
(4)	Registered Agent and Registered Office shown on the records	s of the Florida Dept.	of State:	
	143 Killarney Drive			
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>		20 SE
	Winter Park	52789		DOIS JAN 28
		i L.		
(b)	Brian S Webster			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office address:		PH L: 5L
	945 Square Lake Drive			m F
	<u>NEW</u> Registered Office Address:	·····		
	Bartow	_{FL} 33830		
e chai ent w	mited liability company is not organized under the nge or changes are made, the Florida street address cill be identical. Or, in the case of a Florida limited	laws of the State s of the registered d liability compar	l office and the b ny, it is hereby co	usiness office of the regist onfirmed that the change(s
is/we	re authorized by an affirmative vote of the membe cles of organization or the operating agreement of	rs of the limited l the limited liabili	liability company ity company	or as otherwise provided i
Ś,	his X hapstie		Webster	
signat	ure of a member or authorized representative of a member		Printed or t	yped name of signee
heret	by accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov 'ly reflect a change in the registered office address I in writing of this change.	agree to act in th lefe performance	us capacity. 1 fu of my duties, and w 605 F S Ox	ther agree to comply with I I am familiar with and ac if this document is baing

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

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