

L16000130007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

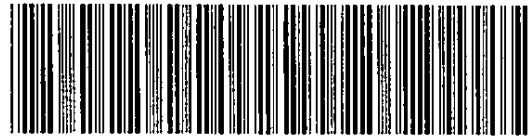
(Business Entity Name)

(Document Number)

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RECEIVED  
2017 JUN 19 PM 5:48  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
17 JUL -3 PM 1:27  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2017

CHRISTINE MCKENNA  
3020 NE 32ND AVE  
STE 304  
FT LAUDERDALE, FL 33308

SUBJECT: 1424 POWERLINE, LLC  
Ref. Number: L16000130007

*we have the  
CHECK*

We have received your document for 1424 POWERLINE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document. *- Done*

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 517A00012490

RECEIVED  
2017 JUL -3 PM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1424 Powerline 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:

Christine McKenna  
Name of Person

1424 Powerline LLC  
Firm/Company

3020 N. 32nd Ave, Suite 304  
Address

Ft. Lauderdale, FL 33308  
City/State and Zip Code

CM@litigationadvocates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine McKenna at ( 954 ) 288-9203  
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 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: 1424 Powerline LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3020 NE 32nd Ave, Suite 304 3020 NE 32nd Ave, Suite 304  
Ft. Lauderdale, FL 33308 Ft. Lauderdale, FL 33308

3. 7/14/16 Date of filing/registration in Florida 4. 216000130007 Document number

5. (a) Corporate Creations Network Inc.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11380 Prosperity Farms Road #221E  
Palm Beach Gardens, FL 33410

(b) Christine McKenna

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

3020 NE 32nd Ave, Suite 304  
**NEW Registered Office Address:**

Fort Lauderdale  
FL 33308

FILED  
17 JUL -3 PM 1:27  
DIVISION OF CORPORATIONS

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.

CTMC  
Signature of a member or authorized representative of a member

Christine McKenna  
Printed or typed name of signer

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.

CTMC  
Signature of Registered Agent