## L17 0000 714 77

(Requestor's Name)					
(Address)					
(100.000)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<del></del>					

Office Use Only



300341983973

03/16/20--01012--014 \*\*25.00

R INFITE MAR 2.7 2020

## 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)	1172 Landings Run, Greenacres, Fl 33413	(b	) 1172 Landi	ings Run, Greenacr	res, Fl. 33413
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				nited liability company: OST OFFICE BOX)
	March 13, 2020		L170000714	77	
	Date of filing/registration in Florida	4.	1	Document numbe	er
(a)	United States Corporation Agents, Inc				
(b)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	•	
	13302 Winding Oak Court A, Tampa, Fl 33612				2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				7:20
					: ; ; ;
	,	:L			<u></u>
	,	L			
	Benjamin A. Griffin				<u>-i</u>
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:		60
	1172 Landings Run, Greenacres, Fl 33413				
	<u>NEW</u> Registered Office Address:				
	1172 Landings Run. Greenacres, Fl 33413				
	1172 Landings Run, Greenacres	L_33413			
ange ent v as/we e arti	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members cles of organization or the operating agreement of the formula of the control of the co	ic registere liability co of the lim e limited l	d office and mpany, it is ited liability iability comp amin A. Griff	the business offi hereby confirmed company or as o pany.	ce of the registered d that the change(s) therwise provided in
herel ovisi e obl mere tifiet	ov accept the appointment as registered agent and agents on a fine of all statutes relative to the proper and completed igations of my position as registered agent as provided by reflect a change in the registered office address, if in writing of this change.	gree to act e performa ed for in C I hereby co	in this cana	city - I further as	ree to comply with the

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

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Plumline Leadership, LLc		
		me of Limited Lia	bility Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Of	fice Change and for	ce(s) are submitted for filing.
Please re	turn all correspondence concerning the	his matter to the fo	ollowing:
Benjamin	A.Griffin		
	Name of Person		_
Plumline	Leadership, LLc		
	Firm/Company		_
1172 Lan	dings Run		
	Address		_
Greenacre	es, Florida 33413		
	City/State and Zip Code	<del></del>	-
ifcministr	y@peoplepc.om		
E-n	nail address: (to be used for future an	nual report notific	ation)
For furth	er information concerning this matter	r, please call:	
Benjamin	A. Griffin	910 at (	508-1878
	Name of Person		Area Code & Daytime Telephone Number
) [ F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	Enclosed is a check for the followin	g amount:	
G	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy

INHS18 (2/14)