## L17000 224011

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 21, 2018

Order#: 243391/031

Re: ULTERLINER, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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: ULTERLINER, LLC				
2. (a)	190 S. Sykes Creek Parkway, #3	(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)	
	Merritt Island, FL 32952			
	10/30/2017	L <u>17</u>	7000224011	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Phillip D. Monkree			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
113 Rainbow Street  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Merritt Island	L32952	<u> </u>	
(b) Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:	<u>م.</u> -	
			9	
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee, F	լ_ 32301		
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited force authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compai of the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
/s/ D	David Ehrlich	David Eh	rlich, Authorized Person	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change	gree to act in th le performance led for in Chapt I hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signati	ure of Registered Agent Corporation Service Company	RV: Ami M	M. Casper, Asst. Vice President	
21EII	are or regimered rise. Corporation Service Company	DI. MIIII	ii. Casper, mast. vice riesidelle	