## L18000030416

(Re	questor's Name)			
· (Address)				
(Address)				
(Cit	y/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800319456398

16/17/18--01635--016 \*\*25.00

OCT 2 4 2018 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Gold Line Enterprises LLC			· · · · · · · · · · · · · · · · · · ·
Na	me of Limited Liabi	lity Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fee	(s) are submitted for filing	
Please return all correspondence concerning t	his matter to the foll	owing:	
Eti Attia			
Name of Person			• 4
Gold Line Enterprises LLC			SECRE SECRE
Firm/Company			FIETU ANASSEE,
22397 SW 66th Ave Apt 709			
Address			7: 05
Boca Raton, FL 33428			DA COS
City/State and Zip Code			
ronattia01@gmail.com			
E-mail address: (to be used for future ar	inual report notifica	tion)	
For further information concerning this matte	r, please call:		
Yaron Attia	561	235-8045	
Name of Person		Area Code & Daytime Tele	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regisi Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, Florida 32314	
Enclosed is a check for the following	ng amount:		
S25 Filling Fee	<b>□</b> \$55 i	Filing Fee & Certified Cop	y

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

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

Na	une of the limited liability company: Gold Line Ent	erprises LLC	
(a)	22397 SW 66th Ave #709	(b) Same	
1-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33428		
	2/2/2018	L180000	030416
	Date of filing/registration in Florida	4.	Document number
(a)	Eti Attia		
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Si	ate:
	22397 SW 66th Ave #709		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>(IDDRESS)</u>	ALC: ALC:
	Boca Raton .FL	33428	FILE
(b)	Yaron Attia		E.P.S.
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	7: C
	9856 Grand Verde Way #1301		A PER S
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
			<del></del>
	Boca Raton , Ft.	.33428 	
cha ent v s/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered off ability company, i of the limited liabi	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in
Hgna	ture of a member or authorized representative of a member		Printed or typed name of signee
ovisi 2 obl mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in this co performance of m d for in Chapter 6 hereby confirm the	apacity. I further agree to comply with the ty duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been
<u>//</u> gratu	re of Registered Agent		