## U80000 89615

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

Office Use Only



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O SIMMONS



June 19, 2018

DEBORAH FICKE 1207 HULL ST S GULFPORT, FL 33707

SUBJECT: EAGLELINE SHIPPING LLC

Ref. Number: L18000089615

We have received your document for EAGLELINE SHIPPING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter new information for registered agent in section 5(b) and enter registered agnet as shown in oyr records now in section 5(a).

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

Letter Number: 918A00012702

Octavia L Simmons Regulatory Specialist III

## COVER LETTER

TO: Registration Son Division of Co					
Eaglelir SUBJECT:	e Shipping LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered Offic	ee Change and	fee(s) are submitted for filing.		
Please return all corres	pondence concerning this	matter to the	following:		
Deborah S Ficke					
	Name of Person		_		
Eagleline Shipping	LLC				
	Firm/Company		<del></del>		
1207 Hull St S					
	Address		<del></del>		
Gulfport FL 33707					
C	ty/State and Zip Code		_		
useagleline@gmai	l.com				
E-mail address: (	to be used for future annu	al report notif	ication)		
For further information	r concerning this matter, p	olease call:			
Deborah S Ficke		402	450-8886		
Name	of Person	\	Area Code & Daytime Telephone Number		
Registration S Division of Co Clifton Buildir	rporations ng e Center Circle	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314		
Enclosed is a check for the following amount:					
□ \$25 Filing F	ee e	<b>⊿</b> S5	55 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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.

L. No	ame of the limited liability company: Eagleline Sh	ipping LLC			
2. (a)			Mailing address of limited liability company:		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)		
	2501 W Golf Blvd #227		1207 Hull St S		
	Pompano Beach FL 33064	G	Gulfport FL 33707		
	4/9/2018		8000089615		
3.	Date of filing/registration in Florida	4.	Document number		
	Dehorah S Ficke				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	pt. of State:		
	Deborah S Ficke				
	Registered Office Address	(ADDRESS)			
	2501 W Golf Blvd #227		<u> </u>		
	Pompano Beach F	. 33064	CRE AL F		
			——————————————————————————————————————		
(b)	Finer name of NEW Registered Agent and/or NEW Registere	od Office addres			
	Piret fame of the state registered Agent and of the talegrapher	d triite adares			
	Deborah S Ficke		t: 5		
	NEW Registered Office Address:		> တိ		
	1207 Hull St S				
	Gulfport, F	33707			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Sta of the register liability comp of the limited to limited liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in allity company.		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the ob- to men notific	why accept the appointment as registered agent and assions of all statutes relative to the proper and completed by the statutes relative to the proper and completed by the statutes of my position as registered agent as provided by reflect a change in the registered office address, and the statute of this change.  The content of this change.	**************************************	this capacity. I further agree to comply with the		