

Billiton Line

Requester's Name

714 ST. Johns Ave.

Address

Palatka, FL 32177

City/State/Zip

Phone #

M010000000993

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

500004529115--5

-08/10/01--01087--002

\*\*\*\*\*35.00 \*\*\*\*\*35.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

M01-993

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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2001 SEP -6 AM 7:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Examiner's Initials

52



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 20, 2001

BILLITONLINE, LLC  
714 ST JOHNS AVE  
PALATKA, FL 32177

SUBJECT: BILLITONLINE, LLC  
Ref. Number: M01000000993

We have received your document for BILLITONLINE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Shawn Logan  
Document Specialist

Letter Number: 101A00047351

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: BILL IT ONLINE

2. The mailing address of the limited liability company is: 714 St Johns Ave  
Palatka FL 32177

101-30-01  
3. Date of filing/registration in Florida

M01000000993  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Brandi L Gniadek  
Name  
109 Shell Harbour Way  
Address  
Satsuma FL 32189  
City, State and Zip

6. The name and address of the new registered agent and/or office:

KATHERIN M. HUNTER  
Name  
714 St Johns Ave  
Florida street address (P.O. Box NOT acceptable)  
PALATKA FL 32177  
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

Thomas J. Arrigoni  
(Signature of a member or authorized representative of a member)

THOMAS J. ARRIGONI  
(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 608, 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.*

KATHERIN M. HUNTER  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314