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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporati	ions		
SUBJECT: STRAIGHT L	INE INVESTMENTS, I (Name of Limited L		
Dear Sir or Madam:			
The enclosed Registered Age	ent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
ANNETTE FINCH	of Person)		
CORPORATE DIREC	CT, INC.		
2248 MERIDIAN BLV			
MINDEN, NV 89423 (City/State a	nd Zip Code)		
For further information conc	erning this matter, please	call:	
ANNETTE FINCH (Name of Pers	at (775	(Area Code & Daytime Telephone Number)	
STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amoun	t:	
✓ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy	

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:	STRAIGHT LINE INVESTMENTS, LLC
2. The mailing address of the limited liability co	ompany is : 60 EAST SIMPSON AVENUE: PO BOX 2869
JACKSON, WY 83001	
07/26/2005	M05000004224
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the records of the
PARACORP INCOR	
220 EACT CTIL AVE	Name
236 EAST 6TH AVE	
TALLAHASSEE FL 3	
City,	State and Zip
6. The name and address of the new registered ag	gent and/or office:
GERRI DETWEIL	ER Name
1037 GREYSTON	THE STATE OF THE S
	s (P.O. Box NOT acceptable)
SARASOTA	FL 34232
City, S	tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
EUGENE A. BENSON	
(Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations. Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability. (Signature of Registered Agent)	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in liled to merely reflect a change in the registered office y company has been notified in writing of this change.

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