M11000000127

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





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2018 APR 26 PH 2: 00
PALLAHASSER EI GENTA

'APR 2 6 2013 D. BRUCE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 23, 2013

Order#: 610552-191

Re: LINEAR HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

2013 APR 26 PM 2: 00

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. Name of the limited liability company: LINEAR HO	LDINGS, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: <u>4345 Southpoint Boulevard</u> Jacksonville, FL 32216	<u>d</u>
(INDIE: MUST BE STREET ADDRESS)	Jacksonville, 1 L J2210	VI
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 4345 Southpoint Boulevard Jacksonville, FL 32216		<u>d</u>
,		
01/10/2011	M11000000127	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:
Registered Agent:	NRAI Services, Inc.	· · · · · · · · · · · · · · · · · · ·
Registered Office Address:	515 E. Park Avenue	25 1-3
	Tallahassee, FL 32301	
		7 7 7
		N gren
(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office add	
NEW Registered Agent:	Corporation Service Comp	pany 🎞 📑
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	2: 00 ORIUM
	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a erwise provided in the articles	registered office Florida limited an affirmative vote of
organizate of a member of authorized representative of a member		
Dona, Priebe, Authorized Person Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity e proper and complete perforn y position as registered agent o merely reflect a change in th pany has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
By: Doc. Thuby Signature of Registered Agent Comparation Service Compare		
Signature of Registered Agent Corporation Service Compan	iy Grace E. Kirby, Asst. VP	,

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