

0715 000003729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

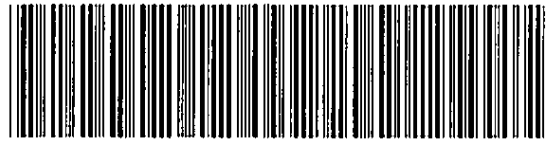
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000434327150

08/07/24--01010--002 **25.00

FILED
F112:33
FL

R. HUNT

08/07/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Line Marketing, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Schuering

Name of Person

Blue Line Marketing, LLC c/o Chris Schuering Law LLC

Firm/Company

P.O. Box 1146

Address

Quincy, IL 62306

City/State and Zip Code

chris@patriotcompliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Schuering

at (217) 919-2914

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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 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.

1. Name of the limited liability company: Blue Line Marketing, LLC
2. (a) 700 Commerce Drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 500
Oak Brook, IL 60523
- (b) 700 Commerce Drive
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 500
Oak Brook, IL 60523
3. May 8, 2015
Date of filing/registration in Florida
4. M15000003729
Document number
5. (a) C T Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Plantation, FL 33324
- (b) Registered Agents Inc
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

FILED
MAY 12 2015
TALLAHASSEE, FL

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.

Michael S. Wood
Signature of a member or authorized representative of a member

Michael S. Wood, President

Printed or typed name of signee

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 605, 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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent