

To: Page 3 of 4

11/14/2016

2016-11-14 16:05:42 CST

12122023573 From: Kimberly Laughrey



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002810283)))



H160002810283ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	C T CORPORATION SYSTEM	1
Account Number	;	FCA00000023	
Phone	:	(614)280-3338	
Fax Number	:	(954)208-0845	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

DIVISION OF CORE CRAHOMS 16 NOV μ_{4} LLC REGISTERED AGENT CHANGE LINEAR TITLE, LLC Certificate of Status 0 ហ៉ RECENCE Certified Copy 0 AH Ł m 02 Page Count ç Pars NOV 14 Estimated Charge \$25.00 сл Сл

Electronic Filing Menu Corporate Filing Menu

Help

O SIMMONS NOV 1 5 2016

To: Page 4 of 4

10

•."

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.

I. Na	me of the limited liability company: LinearTitle,LLC				·····	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited		
	Principal office address of limited liability company: (<u>Note: MUST HE STREET ADDRESS</u>)]	Mailing address of limito (Note: MAYBE POS		
	127JohnClarkeRd		127JohnC	larkeRd		
	Middletown,RI02842	<u> </u>	Middletov	vn.R102842		
	07/14/2015		M15000005			
B.	Date of filing/registration in Florida	4,		Document number		~
i. (a)				_	_	
•	Registered Agent and Registered Office shown on the records of IncorpServices, Inc.	the Florid	a Dept. of Stat	e:	16 NI	-71
	Registered Office Address <u>MUST BE FLORIDA STREET</u> . 17888 67THCt.,	ADDRES	<u>S)</u>	-	16 NOV 14 AM 8: 56 DIVISION OF CONTOPANIONS	
	Loxabatchee, FL, FL	33470		- -	AH (
(b)	Enter name of NEW Registered Agent and/or NEW Registered			-	8: 56	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>ldress</u> :		200	
	CTCorporationSystem					
	NEW Registered Office Address:					
	1200SouthPineIslandRoad			-		
	Plantation, FL	33324				
he cha gent v vas/wo	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the f the reg ability co of the lir	istered office ompany, it is nited liabilit	e and the business of s hereby confirmed t y company or as oth	fice of the reg	gistered c(s)
	Jamila Woods	Jan	nilaWoods			
Sign	ture of a member or authorized representative of a member			Printed or typed name of		

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 an 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.

By: CTCorporationSystem	1 5 1	Tristan Emrich - Assistant Secretary
Dy	Listen from	
Signature of Registered Agont =	1	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)