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COVER LETTER

CR2E045 (04/13)

TO: Ar Di	nendment Section vision of Corporations			
SUBJECT Name of C	Linea Peninsular, Inc. Corporation			
DOCUME	ENT NUMBER: P06000075450			
The enclos	sed Statement of Change of Registered Office	e/Agent and fee a	are submitted for filing.	
Please retu	irn all correspondence concerning this matter	r to the following	g.	
Amy P. Sla	ıman, Esq.			
-	Contact Person			
Clark Parti	ngton			
Firm/Com	pany			
4100 Lege	ndary Drive, Suite 200			
Address				
Destin, Flo				
City/State	and Zip Code			
	aslaman@clarkpartington.com			
E-mail ad	idress: (to be used for future annual repor	rt notification)		
For furthe	r information concerning this matter, please	call:		
Amy P. Sla	aman, Esq.	at (850)650-3304 e & Daytime Telephone Number	
	Name of Contact Person	Area Cod	e & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment So Division of Co The Centre of 2415 N. Monr Tallahassee, F	ection orporations Tallahassee oe Street, Suite 810	

DH

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize to change its registered office or registere	ed under the laws of the State of Florida	this
I. The name of t	he corporation: Linea Peninsular, Inc.		
	office address: 5323 West Hwy 98, Suite 21:	5, Panama City, Florida 32401	
3. The mailing a	ddress (if different): P.O. Box 16239, Panar	na City, Florida 32406	
4. Date of incorp	poration/qualification: 5/31/2006	Document number: P06000075450	
5. The name and	street address of the current registered age tment of State: (If resigned, enter resigned)	nt and registered office on file with the	
	Amy P. Slaman, Esq.		~ 2
	4405 Commons Drive East, Suite 102		ر 2000
	Destin, Florida 32541		<u> </u>
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	2020 JUI 1 PH 6
	Amy P. Slaman, Esq.		6: L
	4100 Legendary Drive, Suite 200		2
	P.O. Box 1 Destin, Florida 32541	NOT acceptable	
The street address changed will	ess of its registered office and the street ac be identical.	ddress of the business office of its regis	tered agent,
Such change wa authorized by the	as authorized by resolution duly adopted be board, or the corporation has been noti	by its board of directors or by an officer fied in writing of the change.	· so
	<u> </u>	David L. Humphreys / PSTD	
I hereby accept I further agree of my duties, an document is bei	re of an officer or director the appointment as registered agent and to comply with the provisions of all statut d I an familiar with and accept the oblig ng filed merely to reflect a change in the s been postified in writing of this change.	Printed or typed name and title agree to act in this capacity. es relative to the proper and complete p ation of my position as registered agen registered office address, I hereby conf	performance t. Or if this irm that the
Thy Sig	nature of Registered Agent	6/26/2020	
If signing on be	chalf of an entity:	·	
 1	yped or Printed Name * * * FILING FEI	· \$25 00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)