## P12000015580

(Re	equestor's Name)					
(Ad	ldress)					
(Ac	dress)					
(Cil	ty/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL .				
(Ві	isiness Entity Name)	<u></u>				
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to	Filing Officer:					
,	Office Use Only	ŧ				



100267255551

12/11/14--01806 -008 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 17 2014 T. CARTER

## COVER LETTER

Division of Corporations						
SUBJECT: A & L. Lines Corp / change Address Name of Corporation						
DOCUMENT NUMBER: P12000015580						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
A. & L. Lines Corp Firm/Company						
14471 Bird Road Address						
Address						
Microni, F1 33175  City/State and Zip Code						
City/State and Zip Code						
olinescorp a) gmail.com.						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Juliana Idoch or Alvaro at (305) 5158585  Name of Contact Person Area Code & 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 Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of char	provisions of sections 6 nge is submitted for a c to change its registere	orporation o	organized un	der the laws of	the State of	
1. The name of the	ne corporation:	A. <b>4</b>	L Lines	Corp	·	
	office address:	14471	Bird	Road	Miami	Fl 33175
3. The mailing ac	ddress (if different):	3./A				
4. Date of incorp	oration/qualification: _	·	D	ocument numb	er: P12.000	015580.
	street address of the cument of State: (If resig			d registered off	ice on file with the	e
	14471 Bire	Rose	ال			
-	14471 Bira Miami F	1 3317	<u> </u>			SECI TALL 14 D
-						CRETAF LAHAS
6. The name and (if changed):	street address of the ne	•	•	<b>0</b>	J	LED RY OF STAT SEE, FLORII
-	2423 SW	147	Av =	85.	<del></del>	ATE RIDA 53
-	Miami		NOT acceptable			
The street address as changed will be	ss of its registered offi	ce and the st	treet address	of the busines	s office of its regi	stered agent,
_	s authorized by resolut e board, or the corpora					
اللالم	Londo			ادر ه		h Londono
•	the appointment as regoto comply with the proving duties, and I am fait document is being fil hat the corporation ha	sistered agen isions of all niliar with a ed merely to as been notif	nt and agree statutes rela and accept the reflect a ch lied in writin	·-	-	egistered dress, I
Signa	ature of Registered Agent	<del> </del>		<del></del>	Date	
If signing on beh	nalf of an entity:					
Ty	ped or Printed Name	<del>-</del>				

\* \* \* FILING FEE: \$35.00 \* \* \*