Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE LYNCPAY LLC

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SEP 2 9 2021

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Electronic Filing Menu Corporate Filing Menu

Help

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. N	Name of the limited liability company: Ly	ncpay LL	С			
2. (a))		(b)			
	Principal office address of limited liability (Note: MUST BE STREET ADDR			Mailing address of limited (Note: MAY BE POST	•	•
	2020 Ponce De Leon Blvd		2020 F	Ponce De Leon (3lvd.	
	Coral Gables FL 33134		Coral G	Sables FL 33134		
	03/03/14		L14000	037897		
3.	Date of filing/registration in Flo	 rida 4.		Document number		
5 (Bello & Martinez PLLC					
5. (a	Registered Agent and Registered Office shown on	the records of the Flo	orida Dept. of Sta	- tte:		
	2850 Douglas Road #303					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				~	Ļ,	
					021	문
	Coral Gables	, FL 331	L34		202 1 SEP 28	SECRETARY OF STATE
(b)	Registered Agents Inc.					COR
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>		e address:	_	AM (O:	5. 1.5.
	7901 4th St N				! 7	4154) 1154)
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	, FL 337	'02			
the chagent was/v	limited liability company is not organized nange or changes are made, the Florida stre will be identical. Or, in the case of a Flori vere authorized by an affirmative vote of the ticles of organization or the operating agre	under the laws of et address of the r da limited liabilit ie members of the ement of the limit	the State of F egistered office y company, it limited liabili	ce and the business off is hereby confirmed th ity company or as other	ice of the reg at the change	istered (s)
Sign	nature of a member or authorized representative of a	member		Printed or typed name of	signee	
provi. the ob to me	teby accept the appointment as registered a sions of all statutes relative to the proper a bligations of my position as registered ages rely reflect a change in the registered officed in writing of this change. Bill Havre	gent and agree to ind complete perfo it as provided for e address, I hereb - Assistant Se	ormance of my in Chapter 60 by confirm tha	pacity. I further agree e duties, and I am famit 15, F.S. Or, if this doct I the limited liability ca	to comply wiliar with and iment is bein ompany has b	ith the accept g filed seen
Signal	ture of Registered Agent					