

P06000097105

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TALLAHASSEE, FLORIDA

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TB

SEP 30 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynx Grove Corporation
Name of Corporation

DOCUMENT NUMBER: P06000097105

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:

Alfredo D. Xiques
Name of Contact Person

Eduardo Jose Garcia, P.A.
Firm/Company

2950 SW 27th Avenue, Suite 300
Address

Miami, Florida 33133
City/State and Zip Code

axiques@rptgfla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alfredo D. Xiques at (305) 358-4800
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2010

ALFREDO D XIQUES
EDUARDO JOSE GARCIA, P.A.
2950 SW 27TH AVE STE 300
MIAMI, FL 33133

SUBJECT: LYNX GROVE CORPORATION
Ref. Number: P06000097105

We have received your document for LYNX GROVE CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00022187

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lynx Grove Corporation
2. The principal office address: 5805 BLUE LAGOON DR, SUITE 220, MIAMI, FL 33314
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/24/2006 Document number: P06000097105
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Craig S. Bull, Manager
950 S PINE ISLAND ROAD , SUITE 150-101
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

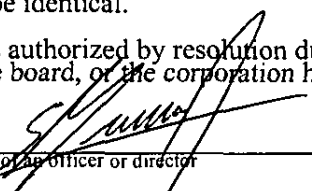
Alfredo D. Xiques, Esq.
2950 SW 27th Avenue, Suite 300
Miami, Florida 33133

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mauricio Girault, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9/28/10
Date

If signing on behalf of an entity:
Alfredo D. Xiques
Typed or Printed Name

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