## P99000083627

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

Amendment Section

TO:

Division of Co	orporations	
SUBJECT:	LYNX PRODU	ICTS CORP.
	Name of	Corporation
DOCUMENT NUME	BER:P9	9000083627
The enclosed Statemen	nt of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all corres	spondence concerning this mat	ter to the following:
<del></del> .	DEBRA	J. CLARK
	Name of C	ontact Person
	LYNX PRO	DUCTS CORP. Company
	1 111111	
	PO E	OX 492
_		ldress
	ALPENA	and Zip Code
	City/State	and Zip Code
	deb@l	cabu net
E-	mail address: (to be used for	sabu.net future annual report notification)
For further information	n concerning this matter, please	e call:
DEE	BRA J. CLARK	at ( 941 ) 727-9676  Area Code & Daytime Telephone Number
Name o	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 c	heck made payable to the Depa	artment 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

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 PRODUCTS CORP.
2. The principal office address: 4910 14TH ST WEST, #106
BRADENTON, FL 34207
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/17/99 Document number: P9900083627
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)
NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  FLP 4501, LLC  4021 GULE SHORE BLVD N. #406
FLP 4501, LLC
1021 COLI STICKE BEV 5 14, 17 100
P.O. Box NOT acceptable
NAPLES, FL 34103
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.
DEBRA J. CLARK, SEC/TREAS  Signature of an officer or director  Printed or typed name and title
Signature of an other or director  I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to domply with the provisions of all statutes relative to the proper and complete performance of my duties, and fam fumiliar with and accept the obligation of my position as registered agent. Or, if this document is being filled merely to reflect achange in the registered office address, I hereby confirm that the corporation has been notified in waiting of this change.  Signature of Registered Agent  Printed or typed name and title  Printed or typed name and typed name
If signing on behalf of an entity:
FLP 4501, LLC Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)