## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: INCORP SERVICES INC Account Name

Account Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## REGISTERED AGENT CHANGE LYONS HRO, INC.

Certificate of Status	0
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9/9/2014

## COVER LETTER

TO: Amendmo Division o	ent Section of Corporations	
SUBJECT:	Lyons HRO, In Name of Corp	IC.
	Name of Corp	Jration
DOCUMENT N	UMBER: F11000000831	
The enclosed Stat	ement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all c	correspondence concerning this matter to	the following:
		· I
	Josie Sore	nsen trenson
	Name of Contac	it i eison
	InCorp Service	es. inc.
	Firm/Comp	vany
	2360 Corporate Circ	le · Suite 400
	Address	š
	Hand-na ABI	20074 7700
	Henderson, NV 8 City/State and 2	19074-7739 Vin Code
	City/blate and 2	mp Code
	documents@ind	com com
	E-mail address: (to be used for futu	re annual report notification)
	•	•
For further inform	nation concerning this matter, please cal	<b> :</b>
Josie Sorense N	n on behalf of Incorp Services, Inc. ame of Contact Person	at (702 ) 866-2500 Area Code & Daytime Telephone Number
Enclosed is a \$35	5.00 check made payable to the Departme	ent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Amendment Section	Amendment Section
	INTROINE AT LAPRAPARIANA	INTERNATIONAL

CR2E045 (03/12)

P.O. Box 6327

Tallahassee, FL 32314

11111

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Alabama ler to change its registered office or registered agent, or both, in the State of Florida.	_	
	the corporation: Lyons HRO, Inc.		
2. The principal	office address:  DRENCE BLVD FLORENCE, AL 35630		
_	address (if different):		
4. Date of incorp	rporation/qualification: 02/22/2011 Document number: F11000000831		
5. The name and	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	C T CORPORATION SYSTEM		
	1200 South Pine Island Road		
	Plantation, FL 33324		ΤA
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	4 SEP -	TALLAHASSEE, FLORIDA
	modify dervices, mc.	-9	SSE
	17 BBB 07 H GCBB 190HH	P# [	
		2   	08
	Loxahatchee, FL 33470	_	DA
The street address changed will	ress of its registered office and the street address of the business office of its registered a Il be identical.	gent,	
Such change we authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.		
8 10 u	Bill Lyons, Chairman  ture of du of liker or durector  Printed or lyned name and title		
I hereby accept I furthed agree	thre defined or types name and tale  of the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I in that the corporation has been notified in writing of this change.	 ł	
	August 27, 2014	_	
If signing on be	chalf of an entity:		
Josie A Sore	rensen on behalf of Incorp Services, Inc. Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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