Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002139393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

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 HR, INC.

Certificate of Status Certified Copy 0 03 Page Count \$35.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 1728014 T. CARTER

COVER LETTER

TO: Amendme Division	ent Section of Corporations				
SUBJECT:	LYONS HR, IN	IC.			
	Name of Corp	oration			
DOCUMENT N	UMBER: F11000003457				
The enclosed Stat	tement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all c	correspondence concerning this matter to	the following:			
	Heather Nee				
	Name of Contac	et Person			
İ	InCorp Service	es. Inc.			
	Firm/Company				
•	2020 0	.l- 0 400			
2360 Corporate Circle Suite 400 Address					
Henderson, NV 89074-7739					
	City/State and Z	Zip Code			
	compliance@incorp.com				
	E-mail address: (to be used for futu	re annual report notification)			
For further inform	nation concerning this matter, please call	:			
Heather Nee No	on behalf of Incorp Services, Inc. ame of Contact Person	at (702) 866-2500 Area Code & Daytime Telephone Number			
Enclosed is a \$35	.00 check made payable to the Departme	ent of State.			
	Mailing Address:	Street Address: Amendment Section			
	Amendment Section				
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

CR2E045 (03/12)

(H140002139373)

Tallahassee, FL 32301

3/3

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

	-	02, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of <mark>A</mark> labe	•	
in orde	er to change its registered office or regist	tered agent, or both, in the State of Florid	a.	
1. The name of	the corporation: LYONS HR, INC.			
2. The principal	4-44	SLVD, FLORENCE, AL 35630		
•		·····		
3. The mailing	address (if different):	······································		
4. Date of incor	poration/qualification: 08/26/2011	Document number: F11000003	457	
5. The name an		agent and registered office on file with the ed)	:	
	C T CORPORATION SYSTEM		14	SEC
	1200 South Pine Island Road		14 SEP	AHA AHA
	Plantation, FL 33324			SSE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				OF STA
	InCorp Services, Inc.		و	D F
	17888 67th Court North			
	P.O. Box NOT acceptable Loxahatchee, FL 33470			
The street addr as changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent,	
Such change wanthorized by	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an office of the change.	г 80	
2 / Description	U Mus-	Bill Lyons, Chairman		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to ref that the corporation has been notified i	ad agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as re lect a change in the registered office add in writing of this change.	gistered ress, I	
August 27, 2014				
_	nuture of Registered Agent	Date		
If signing on be	chalf of an entity;			
Heather Nee	on behalf of Incorp Service	ces, Inc.		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

(HILDOOL 139 393) CR2E045 (03/12)