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(Business Entity Name)

(Document Number)

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October 14, 2016

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Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Change of Registered Agents**

Dear Sir/Madam:

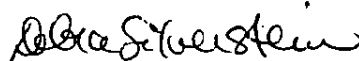
Enclosed please find a check in the amount of \$70 representing the filing fee for the following documents:

1. Statement of Change of Registered Office/Agent for Linchris Hotel, Corp. (\$35);
2. Statement of Change of Registered Office for LCP Hialeah Operating Group, Inc. (\$35).

Kindly return the acknowledgment copy of the filing to my attention.

Should you have any questions, please contact me at 603-223-9140 or [dsilverstein@orr-reno.com](mailto:dsilverstein@orr-reno.com). Thank you.

Sincerely,



Debra L. Silverstein  
Paralegal

-----  
Neil F. Castaldo  
(Of Counsel)

Enclosure  
1612068\_1

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Linchris Hotel, Corp.  
Name of Corporation

**DOCUMENT NUMBER:** F14000002280

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:

Debra Silverstein, Paralegal  
Name of Contact Person

Orr & Reno, PA  
Firm/Company

PO Box 3550  
Address

Concord, NH 03302  
City/State and Zip Code

dsilverstein@orr-reno.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Silverstein at ( 603 ) 223-9140  
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

**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 New Hampshire \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Linchris Hotel, Corp.
2. The principal office address: 269 Hanover Street, Hanover, MA 02339
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: May 22, 2014 Document number: F14000002280

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)

Lowndes, Drosdick, Doster, Kanter & Reed, PA

450 South Orange Avenue, Suite 200

Orlando, FL 32801-3344

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

Jay F. Cook, Esq.

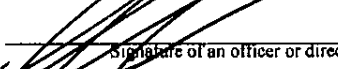
9123 Trivoli Terrace

P.O. Box NOT acceptable

Naples, FL 34119

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

Glenn Gistis

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

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