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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:

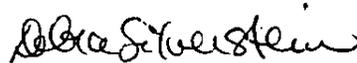
1. Statement of Change of Registered Office/Agent for Linchris Hotel, Corp. (\$35);
2. Statement of Change of Registered Office for LCP Hialeah Operating Group, Inc. (\$35).

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. Thank you.

Neil F. Castaldo
(Of Counsel)

Sincerely,



Debra L. Silverstein
Paralegal

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

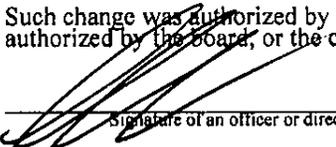
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jay F. Cook, Esq.
9123 Trivoli Terrace
P.O. Box NOT acceptable
Naples, FL 34119

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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.

 Glenn Gistis
Signature of an officer or director 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 *****