

F140000002360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

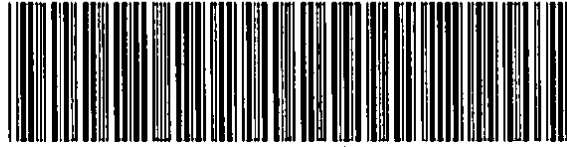
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynch Creek Medical Management Inc dba Lynch Creek Travel
Name of Corporation

DOCUMENT NUMBER: F14000002360

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:

Rosenberg, David H. Esq.

Name of Contact Person

Firm/Company

2639 Fruitville Road 2nd Fl Suite 203

Address

Sarasota, Florida 34237

City/State and Zip Code

lynn@lynchcreektravel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Alban

Name of Contact Person

at (**707**) **559-7990 x111**
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

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DIVISION OF CORPORATIONS
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 California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lynch Creek Medical Management Inc dba Lynch Creek Travel
2. The principal office address: 731 Southpoint Blvd Suite B, Petaluma CA 94954

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/30/2014 Document number: F14000002360

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)

Rosenberg, David H., Esq.

1626 Ringling Boulevard Fifth Floor, Suite 500

Sarasota, FL 34236

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

Rosenberg, David H., Esq.

2639 Fruitville Road Second Floor, Suite 203

P.O. Box NOT acceptable

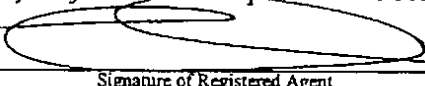
Sarasota, FL 34237

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.

 John Williams
Signature of 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.

 7/26/2017
Signature of Registered Agent Date

If signing on behalf of an entity:

Lynch Creek Medical Management Inc.
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 (03/12)

2017 JUL 31 AM 9:47
DIVISION OF CORPORATIONS