

Feb. 7. 2024 11:36 AM

NO. 1360 P. 1

F2100002952

Florida Department of State  
Division of Corporations  
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H240000522043ABCT

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Account Name : PAVESE LAW FIRM  
Account Number : I20130000057  
Phone : (239)334-2195  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: michaellchneit@pavese law . com

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REGISTERED AGENT CHANGE  
PATRICIA LYNCH ASSOCIATES, INC.

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PATRICIA LYNCH ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F21000002952

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:

MICHAEL P. LEHNERT, ESQ.

Name of Contact Person

PAVESE LAW FIRM

Firm/Company

1833 HENDRY STREET

Address

FORT MYERS, FL 33901

City/State and Zip Code

michaellchnert@paveselaw.com

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

For further information concerning this matter, please call:

MICHAEL P. LEHNERT, ESQ.

Name of Contact Person

at (239) 336-6280

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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HD Feb 7, 2024 11:39AM

No. 1968 P. 3

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**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 YORK in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PATRICIA LYNCH ASSOCIATES, INC.
2. The principal office address: 677 BROADWAY  
ALBANY, NY 12207
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/06/2021 Document number: F21000002952
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)

LYNCH, PATRICIA  
4244 ELLEN AVENUE  
FORT MYERS, FL 33901

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

PLF REGISTERED AGENT, L.L.C.  
1833 HENDRY STREET  
FORT MYERS, FL 33901

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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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 its board, or the corporation has been notified in writing of the change.

Patricia Lynch

2024 FEB 07 11:39 AM  
\_\_\_\_\_  
Officer or director

Patricia Lynch

\_\_\_\_\_  
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]  
\_\_\_\_\_  
Signature of Registered Agent

2/7/2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Michael P. Lehnert

\_\_\_\_\_  
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 (04/13)