

T9700000 4745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

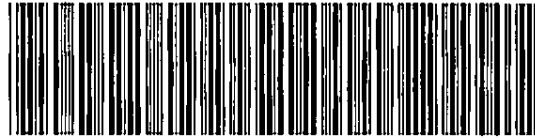
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 MAR -2 PM 3:17

GM
3/16/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.C. LYNCH AND ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: F97000004745

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:

JOHN W. CAMPBELL III

Name of Contact Person

C.C. LYNCH AND ASSOCIATES, INC.

Firm/Company

300 DAVIS AVENUE

Address

PASS CHRISTIAN, MS 39571

City/State and Zip Code

TREY@CCLYNCH.COM

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

For further information concerning this matter, please call:

JOHN CAMPBELL

Name of Contact Person

at (228) 452-4612

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

1. The name of the corporation: C.C. LYNCH & ASSOC. INC.

2. The principal office address: 300 DAVIS AVENUE PASS CHRISTIAN, MS 39571

3. The mailing address (if different): PO BOX 836 PASS CHRISTIAN MS 39571

4. Date of incorporation/qualification: 1976 Document number: F97000004745

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)

Scott J. Jernigan
6791 Cabello Drive
Jacksonville, FL 32226

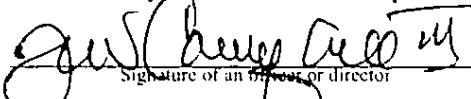
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

M. Scott Campbell
3006 Santa Marcos Drive
P.O. Box NOT acceptable
Clermont, FL 34715

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

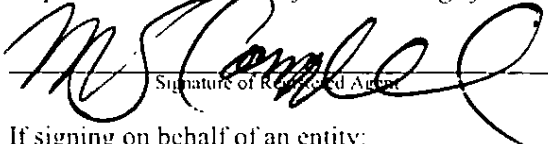
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

JOHN W. CAMPBELL III, PRESIDENT

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

FEBRUARY 18, 2020

Date

If signing on behalf of an entity:

Scott Campbell
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)