

L06000003946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

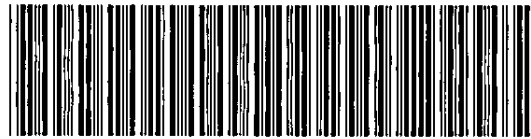
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/14--01001--001 **25.00

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14 FEB 20 PM 2:50

DEPT. OF LABOR

FILED

14 FEB 20 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 20 2014

✓

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 02/20/2014

REF. #: 9056297

CORP. NAME: LYNN FINANCIAL CENTER, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

(XX) OTHER: CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 70015370 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|-------------------------|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LYNN FINANCIAL CENTER, LLC

2. (a) Principal office address of limited liability company: 1905 NW CORPORATE BLVD.
(Note: **MUST BE STREET ADDRESS**) BOCA RATON, FL 33444

(b) Mailing address of limited liability company: 1905 NW CORPORATE BLVD.
(Note: **MAY BE POST OFFICE BOX**) BOCA RATON, FL 33444

01/10/2006

3. Date of filing/registration in Florida

L06000003946

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

BAILINE, RYAN DESO

Registered Office Address:

C/O STEARNS WEAVER MILLER
150 WEST FLAGLER ST., SUITE 2200
MIAMI, FL 33130

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI SERVICES, INC.

NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

(**MUST BE FLORIDA STREET ADDRESS**)

PLANTATION, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Bridget M. Fowles
Signature of a member or authorized representative of a member

BRIDGET M FOWLES
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michelle Holden, Asst. Sec.
Signature of Registered Agent

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

FILING FEE: \$25.00