L06000040073

(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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Kevin Jean McKinley, P.A.

Kevin Jean McKinley Attorney at Law Admitted in Florida and Michigan kevinjmckinley@bellsouth.net

October 24, 2006

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

RE: Fine Lynx, LLC L06000040073

Dear Sir or Madam:

Enclosed for filing please find the following documents:

- 1. Articles of Amendment to Articles of Incorporation for Fine Lynx, LLC amending Article 2 thereof;
- 2. Statement of Change of Registered Office for fine Lynx, LLC.

Also enclosed are two file copies and a self-addressed stamped envelope. Kindly date-stamp the enclosed copies and return them to me in the envelope provided.

1340 U.S. Highway One • Suite 102 Jupiter, FL 33469 Telephone (561) 741-7075 • Facsimile (561) 741-7076

COVER LETTER

Division of Corporations		
SUBJECT: FINE LYNX, LLC		
(Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Kevin Jean McKinley		
(Name of Person)		
Kevin Jean McKinley, P.A.	.	
(Firm/Company)		
1340 U.S. Highway One, Suite 102		
(Address)		
Jupiter, FL 33469		
(City/State and Zip Code)		
For further information concerning this mat	ter, please call:	
Kevin Jean McKinley	at (_561) 741-7075	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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ARE DCT		
Boca Raton, FL 33486 City, State and Zip 6. The name and address of the new registered agent and/or office:		
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1: 40 STATE LORIDA		
원류 5		
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da, it is hereby ne registered office Florida limited an affirmative vote icles of organization		
ity. I further agree to mance of my duties, t as provided for in he registered office iting of this chänge.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00