
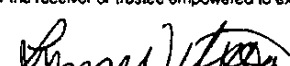


**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

30008433

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # L07000097494</b>   |  |    |   |
| 1. Entity Name<br><b>LYNMARK, LLC</b>  |  |   |   |
| Principal Place of Business<br><b>127 AVENUE B<br/>APALACHICOLA, FL 32320</b>  |  | Mailing Address<br><b>127 AVENUE B<br/>APALACHICOLA, FL 32320</b>   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country  | Zip   | Country   |
| 5. Name and Address of Current Registered Agent<br><b>WILSON, LYNN<br/>127 AVENUE B<br/>APALACHICOLA, FL 32320</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |  |   |   |
| SIGNATURE  |  | DATE  |   |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>  |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>SPORER, LYNN<br/>127 AVENUE B<br/>APALACHICOLA, FL 32320</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |   |   |
| SIGNATURE:    |  | Date: <b>April 12 '2008</b>   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Daytime Phone #   |   |

ATTACHMENT 30008423  
~~#L07000097494~~

Fax

LYNN WILSON  
ASSOCIATES  
INTERNATIONAL

To: Fla. Dept. of State From: LYNN WILSON  
Fax: Pages:  
Phone: 305-588-5885 Date: May 21, 2008  
RE: LYNNMARK LLC CC:  
#L07000097494

Please correct my "Managing Member"  
manager to  
WILSON, LYNN  
(NOT) SPOHRER, LYNN

Thank you

Lynn Wilson  
Registered Agent, LYNNMARK, LLC.

THE → FEI # 26-1131920

The correct address is:

127 Ave B  
Apalachicola, FL.  
(305-588-5885) 32320