## 1300028426

(Requestor's Name)	
(Address)	<u>.                                    </u>
(Address)	1
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

S. WARREN SEP 0 7 2017

## **COVER LETTER**

1				
TO: Registration Section Division of Corporations				
SUBJECT: LYNDEEN LLC	· · · · · · · · · · · · · · · · · · ·			
Na I	ame of Limited Liab	ility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Change and fee	e(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the fol	lowing:		
Nancy Luna				
Name of Person	-			
Name of Person				
Legalinc Corporate Services Inc.				
Firm/Company	•			
10601 Clarence Dr. Ste. 250				
Address				
Frisco, TX, 75033	ı			
City/State and Zip Code				
ra@legalinc.com	ļ <sub>(</sub>			
E-mail address: (to be used for future a	inual report notifica	tion)		
For further information concerning this matte	l er, please call: 			
Nancy Luna	   844   at (	386-0178		
Name of Person	<del></del>	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAII	LING ADDRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following	 ng amount:			
☑ \$25 Filing Fee	□ \$55 !	Filing Fee & Certified Copy		
INHS18 (2/14)	1			

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	LYNDEEN LL	C		
2. (a)		1	(b	)	
(,	Principal office address of limited I		_ `	Ŋ	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4698 SW 100 LANE	<u> </u>		4698 SW	/ 100 LANE
	OCALA, FL 34476		<del>-</del> 	OCALA.	FL 34476
	02/25/2013	· · · · · · · · · · · · · · · · · · ·		L130000	
3.	Date of filing/registration	•	4.		Document number
5. (a)	LEGALINC CORPORATE SE	ERVICES, INC.			
	Registered Agent and Registered Office sho	own on the records of the	he Florida	Dept. of State	:
	Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS	<u></u>	FS 1
	841 Prudential Drive, 12th F	loor			SE SE
	Jacksonville		32207	,	P-5 P
	LEGALINC CORPORATE SE	BVICES, INC.			LED 118T OF STATE LASSEE, FLORID
(b)	Enter name of NEW Registered Agent and		Office ad	dress:	는 10 년 10
				<del></del>	ATE ORIDA
	NEW Registered Office Address:	<u> </u>			
	5237 SUMMERLIN COMMO	NS BLVD, SUIT	E 400		
	FORT MEYERS	, FI	33907	,	
the cha agent was/w the art	ange or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	nized under the law a street address of Florida limited lia c of the members of agreement of the l	rs of the the regi bility co f the lin	State of Flo stered office ompany, it is iited liability	orida, it is hereby confirmed that after and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in spany.
14	INDBURG A WCDD sture of a member of authorized representativ	CRBU	LYI	NDBURG .	A WEDDERBU
_	_				Printed or typed name of signee
provis. the obi to mer notifie	by accept the appointment as registerions of all statutes relative to the proligations of my position as registered ely reflect a change in the registered d'in writing of this change.	red agent and agro per and complete p Lagent as provided Loffice address, I h	re to act perform I for in ( ereby c	t in this cape ance of my e Thapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signatu	ire of Registered (Agent	<u> </u>			
	Division of Cor	porations• P.O. B	ox 632	7● Tallahas:	see, FL 32314