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Division of Corporations

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## LLC REGISTERED AGENT CHANGE LYNCH PROPERTY MANAGEMENT L.L.C.

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To:

## H160000140803

## 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: $\frac{L}{L}$	YNCH PROPER	TY MANAGEMENT L.L.C.		
2. (a) Principal office address of limited lial	liability company			
(Note: MUST BE STREET ADDR		Ft Lauderdale, Florida 33311		
(b) Mailing address of limited liability co		315 City View Drive Ft Lauderdale, Florida 33311		
1/21/2014		L14000010851		
3. Date of filing/registration in Florida		4. Document number	1	
5. (a) Registered Agent and Registered Off	fice shown on t	the records of the Florida Dept.	of State: 6	
Registered Agent:		UNITED STATES CORPORATIO	N AGENTS INC.	<b>-1</b> 7
Registered Office Address:		13302 WINDING OAK COURT A		=
		TAMPA, FL 33612		T
				3
(b) Enter name of NEW Registered Age	e <mark>nt</mark> and/or <u>NE</u> V	W Registered Office address:	整五元	
NEW Registered Agent:		Business Filings Incorporated		
NEW Registered Office Address:		1200 South Pine Island Road		
<u>(MUST BE FLORIDA STREET AL</u>	)DRESS)	Plantation	FL 33324	
If the limited liability company is not organize confirmed that after the change or changes as and the business office of the registered agentiability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.  Signature of a member or authorized representative of a me	re made, the Fl it will be ident t the change(s) y or as otherwi ity company.	ionda street address of the regis ical. Or, in the case of a Florid was/were authorized by an affi	stered office a limited irmative vote of	Ĩ
Lance Lynch, Member				
Printed or typed name of signee	<del>, ,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
I hereby accept the appointment as registers comply with the provisions of all statutes reliand I am familiar with and accept the obligate Chapter 605, F.S. Or, if this document is be address. I hereby confirm that the limited lides of the confirm that the limited lides.	ed agent and a lative to the pro ations of my po ang filed to me ability compan	gree to act in this capacity. If oper and complete performance sition as registered agent as pr rely reflect a change in the reg y has been notified in writing o	in ther agree to e of my dinies, ovided for in istered office f this change.	
Mark Williams, AVP Business Signature of Registered Agent	: Filings Incorpor	ated		
Division of Corporation	s, P.O. Box 63	27, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (12/13)

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