

L16000045909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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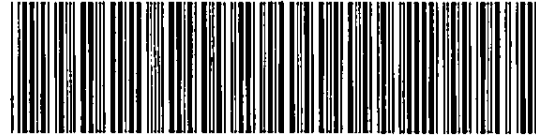
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lynx Legal Services, 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 this matter to the following:

Robert Bamberg
Name of Person

Lynx Legal Services, LLC
Firm/Company

800 N. Magnolia Ave. Suite 1500
Address

Orlando, FL 32803
City/State and Zip Code

rbamberg@lynxlegalservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Bamberg at (407) 301-5945
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 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 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. Name of the limited liability company: Lynx Legal Services, LLC
2. (a) 800 N. Magnolia Ave. Suite 1500 (b) 800 N. Magnolia Ave. Suite 1500
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Orlando, FL 32803 Orlando, FL 32803
3. 3-7-2016 Date of filing/registration in Florida 4. L16000045909 Document number
5. (a) Robert Bamberg
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
501 N. Magnolia Ave.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Orlando, FL 32801
- (b) Robert Bamberg
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
800 N. Magnolia Ave.
NEW Registered Office Address:
Suite 1500
Orlando, FL 32803

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Robert Bamberg
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.

[Signature]
Signature of Registered Agent