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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (D | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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TROMPOSEER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|---------|--|-----------------------|-------------------------------------|--|--|--|--|
| SUBJI | | | | | | | |
| | Name of Limited Liability Company | | | | | | |
| Dear S | ir or Madam: | | | | | | |
| The en | closed Registered Agent/Registered Off | ice Change and fee | (s) are submitted for filing. | | | | |
| Please | return all correspondence concerning th | is matter to the foll | owing: | | | | |
| Robe | ert Prine | | | | | | |
| | Name of Person | | | | | | |
| Lynx | 1, LLC | | | | | | |
| | Firm/Company | | | | | | |
| 7901 | 4th St N, STE 300 | | | | | | |
| | Address | | | | | | |
| St. Pe | etersburg, FL 33702 | | | | | | |
| | City/State and Zip Code | | | | | | |
| Lynxh | nouse1@gmail.com | | | | | | |
| В | -mail address: (to be used for future ann | ual report notificat | on) | | | | |
| For fur | ther information concerning this matter, | please call: | | | | | |
| Robe | rt Prine | 786 at () | 231-3818 | | | | |
| | Name of Person | Λ | rea Code & Daytime Telephone Number | | | | |
| | STREET/COURIER ADDRESS: | MAIL | ING ADDRESS: | | | | |
| | Registration Section | _ | ration Section | | | | |
| | Division of Corporations | | on of Corporations | | | | |
| | Clifton Building | | ox 6327 | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | i atlaha | assee, Florida 32314 | | | | |
| | Enclosed is a check for the following amount: | | | | | | |
| | \$25 Filing Fee | □ \$55 F | iling Fee & Certified Copy | | | | |

INHS18 (2/14)

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.

| l. Na | Lynx 1, LLC time of the limited liability company: | | |
|-------------------------------|--|--|--|
| 2. (a) | Robert Prine | (b) | |
| 2. (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300 | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | St. Petersburg, FL 33702 | | |
| | September 24, 2019 | L18 | 000073613 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Address August BE FLORIDA STREET A | (LDDRESS) | . of State: |
| (b) . | Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered | Office address: | in m |
| | 7901 4th St N | | |
| | NEW Registered Office Address: STE 300 | | 8: 17 A 17 |
| | St. Petersburg, FL | 33702 | |
| the chai agent w was/we | mited liability company is not organized under the law nge or changes are made, the Florida street address of full be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law. | the registered bility compar f the limited I | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| Signate | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| I hereb proviși | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p | e to act in the | is capacity. I further agree to comply with the of my duties, and I am familiar with and accep |

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.

Bill Havre - Assistant Secretary