

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M17000002944

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To: Division of Corporations
Fax Number : (850) 617-6382

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 209-0845

Please honor original
date 01/26/2022

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LYNN ELECTRONICS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 APR 15 AM 11:34

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Lynn Electronics, LLC

Enter new principal office address, if applicable: 1390 Welsh Road

(Principal office address

MUST BE A STREET ADDRESS)

North Wales, PA 19454

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1390 Welsh Road

North Wales, PA 19454

2. The Florida document number of this limited liability company is: 1117000002944

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/19/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

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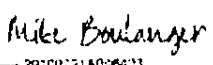
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Change in title for M. Boulanger, A. Panzo and D. Scannell (SEE ATTACHED)

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Michael Boulanger	1390 Welsh Road	<input type="checkbox"/> Add
		North Wales, PA 19454	<input checked="" type="checkbox"/> Remove
Manager	Andrew Panzo	1390 Welsh Road	<input type="checkbox"/> Add
		North Wales, PA 19454	<input checked="" type="checkbox"/> Remove
Manager	Doron Phillips	1390 Welsh Road	<input type="checkbox"/> Add
		North Wales, PA 19454	<input checked="" type="checkbox"/> Remove
Manager	Drew Scannell	1390 Welsh Road	<input type="checkbox"/> Add
		North Wales, PA 19454	<input checked="" type="checkbox"/> Remove
Manager	Mark Panico	1390 Welsh Road	<input type="checkbox"/> Add
		North Wales, PA 19454	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law _____ organized.

DocuSigned by:

 29700721A0566133
 Signature of the authorized representative

Michael Boulanger

Typed or printed name of signer

Filing Fee: \$25.00

Attachment to Application by Foreign Limited Liability Company to file Amendment
To Certificate of Authority to Transact Business in Florida

Lynn Electronics, LLC

Title/Capacity	Name	Address	Action
CEO	Michael Boulanger	1390 Welsh Road North Wales, PA 19454	<input checked="" type="checkbox"/> Add
Treasurer	Andrew Panzo	1390 Welsh Road North Wales, PA 19454	<input checked="" type="checkbox"/> Add
Secretary	Drew Scannell	1390 Welsh Road North Wales, PA 19454	<input checked="" type="checkbox"/> Add