

PO1000 118366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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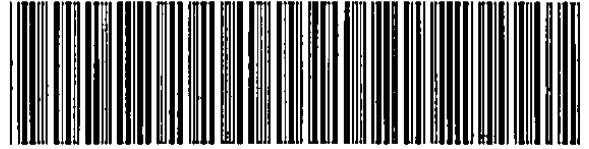
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **B. LYNCH & ASSOCIATES, INC.**

Name of Corporation

DOCUMENT NUMBER: **P01000118366**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Geraldine Lynch**

Name of Contact Person

Firm/Company

**18939 St. Laurent Drive**

Address

**Lutz, Florida 22447**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Geraldine Lynch**

Name of Contact Person

at (

**813 477-4409**

) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: B. Lynch & Associates, Inc.  
2. The principal office address: 18939 St. Laurent Drive, Lutz, Florida 33558

3. The mailing address (if different): 17633 Luxx Hwy Unit 130 Odessa, FL 33556

4. Date of incorporation/qualification: 12/17/2001 Document number: P01000118366

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Glen Goldberg

133 First Street N.E.

St. Petersburg FL 33701

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Geraldine Lynch

18939 St. Laurent Drive

P.O. Box NOT acceptable

Lutz, FL 33558

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Geraldine Lynch  
Signature of an officer or director

Geraldine Lynch, President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Geraldine Lynch  
Signature of Registered Agent

August 14, 2019  
Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*