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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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LUNCHARY OF STATE
ALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Donlyn Management Inc |
| DOCUMENT NUMBER: PO2600 29489 |
| 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: |
| Name of person) (Name of person) |
| |
| 20930 Island Sound Cir #205 |
| ESTERO FL 33928. (City/state and zip code) |
| For further information concerning this matter, please call: |
| White Vovenzand at (239, 949-470) (Name of person) at (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
409 E. Gaines Street
Tallahassee, FL 32399

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 |
| ELORIO in order to change its registered office or registered agent, or both, in the State |
| of Florida. |
| 1. The name of the corporation: Jon Lyn Management Inc orporated |
| 2. The principal office address: 4408 Thomasson DR |
| Maples, FL. 34112 |
| TADIES, IN STILL |
| 3. The mailing address (if different): 20930 Island Sound Cie #205 |
| 25/PPQ H. 33928- |
| 4. Date of incorporation/qualification: 12-6-2052 Document number: P02000 129480 |
| 5. The name and street address of the current registered agent and registered office on file with the |
| Florida Department of State: |
| Donald Domain |
| Donald Domain 20930 ISLAND SOUND (12#205 |
| ESTENO, FL 33928. |
| t . |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if |
| changed): Lyone Provenzano. |
| |
| |
| Col. 10 Fl 2391C |
| The street address of its registered office and the street address of the business office of its registered and the street address of the business of its registered. |
| 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 amorticer so authorized by the board, of the corporation has been notified in writing of the change. |
| Tramo & H. Folleman hunne + Proportion Vice President |
| (Signature of an Oricer, chairman or vice chairman of the board) (Printed or typed name and lifle) REGISTETIED All |
| 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. |
| SEE ABOVE PORSIGNATURE (Vau) |
| If signing on behalf of an entity: |
| an anomaly are a summer of the summer. |
| (Typed or Printed Name) (Capacity) |

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

ChAnge OUR n the Corporation of our percentage L bunership, at believe upe have the Co) Island Sound (JR. h 33928.