

P06000142390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

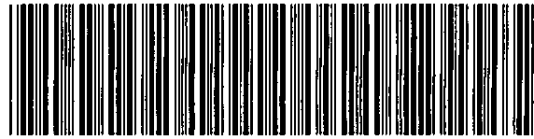
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/21/08

1339019

**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: **LYNCHS TRIM, INC.**
2. The principal office address: **2552 SW WARWICK ST. PORT ST LUCIE, FL 34984**
3. The mailing address (if different): **2552 SW WARWICK ST. PORT ST LUCIE, FL 34984**
4. Date of incorporation/qualification: **11/13/2006** Document number: **P06000142390**
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

**LYNCH, PAUL J
2552 SW WARWICK ST
PORT ST LUCIE FL 34984**

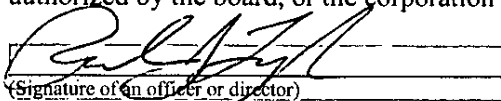
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

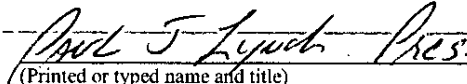
**ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
DELTONA, FL 32725**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

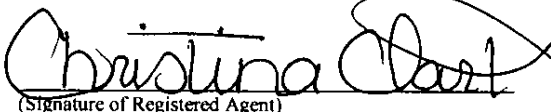
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)


(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.*


(Signature of Registered Agent)

October 2, 2008
(Date)

If signing on behalf of an entity:

Christina Clark
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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