

P07000078564

(Requestor's Name)

4224 Cleveland Ave  
Fort Myers, FL 33901

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

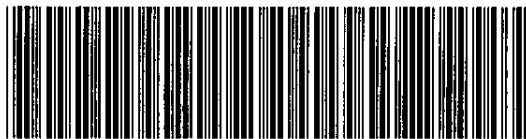
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. Roberts MAR 10 2009

# 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: LYNN'S ANALYTICAL MANAGEMENT INC.
2. The principal office address: 4224 Cleveland Ave. Ste 7; Fort Myers, FL 33901
3. The mailing address (if different): P.O. Box 6654; Fort Myers, FL 33911
4. Date of incorporation/qualification: 07/10/2007 Document number: P07000078564
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)

Crystal L. Schaefer

7480 SW 107th Ave, Apt 211

Miami, FL 33173

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

Chong Un McCallister

12377 McGregor Woods Cir

(P.O. Box NOT acceptable)

Fort Myers, FL 33908


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)

Gina Hyon, Sect.  
(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)

March 4, 09  
(Date)

If signing on behalf of an entity:

Chong Un McCallister  
(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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