

P160000006240

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : GARY, DYTRYCH & RYAN, P.A.
Account Number : I19990000255
Phone : (561) 844-3700
Fax Number : (561) 844-2388

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

Email Address: lynda.smith@oldpalmgolfclub.com

**REGISTERED AGENT CHANGE
LYNDA S. SMITH, P.A.**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynda S. Smith, P.A.
Name of Corporation

DOCUMENT NUMBER: P16000006240

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:

Alys Nagler Daniels, Esq.

Name of Contact Person

Gary, Dytrych & Ryan, P.A.

Firm/Company

701 U.S. Hwy. One, Ste. 402

Address

N. Palm Beach, FL 33408

City/State and Zip Code

lynda.smith@oldpalmgolfclub.com

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

For further information concerning this matter, please call:

Alys Nagler Daniels at 561 844-3700
Name of Contact Person 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

CR2B045 (03/12)

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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: Lynda S. Smith, P.A.
 2. The principal office address: 50 Beach Road, #302, Tequesta, FL 33469

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/22/16 Document number: P16000006240

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)

Lynda S. Smith
217 Ocean Dunes Circle
Jupiter, FL 33477

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

50 Beach Road #302
P.O. Box NOT acceptable
Tequesta, FL 33469

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TALLAHASSEE, FLORIDA

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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.


Signature of an officer or director

Lynda S. Smith, 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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

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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