Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000281498 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (B50)222-1092

Fax Number

: (850)878-5368

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

Email Address:

## REGISTERED AGENT CHANGE BYRNES FAMILY HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

## COVER LETTER

SUBJECT:	Вус	nes Family Holding	s, Inc.	
		Name of Corpo	oration	
DOCUMENT I	wmber:	P93000	076839	
The enclosed Sta	atement of Change of Reg	gistered Office/Ag	ent and fee are submitted fo	or filing.
	correspondence concerni			
	John P. Byrnes			
		Name of Contact	Person	<del></del>
, ,	Byrnes Family H	oldings, Inc	<u></u>	
		Finn/Compa	ny .	··
	P.O. Box 381148			
		· A'ddress		
	Birmingham, AL	35238 City/State and Zit	n Code	· ·
	JByrnes@lincare			
	E-mail address: (to b	e used for future	annual report notification	<del>n)</del>
or further inform	ation concerning this ma	tter, please oall:		
	Paul Tripp:	at 1	( 727 ) 431-5348 Area Code & Daytime Tel	<u> </u>
Na	me of Contact Person		Atea Code & Daytime Tel	abuqua Mampet
inclosed is a \$35.	00 check made payable to	o the Department	of State.	
	Mailing Address: Amendment Secti		Street Address: Amendment Section	
	Amendment Secti Division of Corporation	on orations	Division of Corporati	ions
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 3	2314	2661 Executive Cent	er Cirole

Tallahassee, FL 32301

CH2E045 (B/D5)

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

sidlement of ch	provisions of sections of provisions of provisions of provisions of provisions of the provisions of th	corporation arg	onized under ti	he laws of the	State of Florida	nis
	er to change its register			r both, in the	State of Florida.	
		Family Holding				
2. The principal	office address: 19387 (	J.S. Hwy. 19 N.,	Clearwater, PL	33764	<del>- '''</del>	
3. The mailing a	address (if different);	- T	x 38114		35238	
4 Date of incom	poration/qualification:	11/05/198	ianam,	ent number:	P9300007	6839
5. The name and	I street address of the curtiment of State: (If resig		agent and regi	•	on file with the	
	Joel D. Bernstein					
	150 2nd Avneus, North	Suite 1700				
	St. Petersburg, FL 3370	Į			<del></del>	
<ol> <li>The name and (if changed);</li> </ol>	street address of the ne	w registered ag	ent (if changed	) and /or regis	tered office	DEC -1
	C T Corporation System		<del></del>		·	70
	c/o C T Corporation Sys			nd		بب
	Plantation, Florida 3332	_	OT eccupiable			5
The street addre	ss of its registered office be identical.	e and the stree	et address of the	e business of	fice of its registered	l agent,
Such change was authorized by th	s authorized by resolut a board, or the corpora	log duly adopt tion has been n	ed by its board otified in writi	of directors ing of the che	or by an officer so inge.	
Sterious	of an officer of director		John P.	Byrnes, D	irector	
I hereby accept a further agree to of my duttes, and document is being corporation has	the appointment as reg o comply with the prov if I am familiar with an og filed merely to reflec been notified in writing	istered agent a istons of all sta d accept the ob it a change in t g of this change	nd agree to ac stutes relative to ligation of my he registered of t	t in this capa to the proper position as r office address	city, and complete perfo egistered agent. Oi , I hereby confirm (	rmance r, if this hat the
	Corporation System  LINA  Sture of Regulated Agent	<u>ll</u>		/1-30-1	<u>/</u>	
If signing on beh	ualf of an entity:					
Barbara A. Bu	rks, Special Assistant Sc	erstury		-		
Ту	ped or Printed Neuro					
		* * FILING F			ATE	
MA CR2E045 (8/05)	MAKE CHECKS P IL TO: DIVISION OF CO	rporations, i	P.O. Box 6327	, TALLAHASS	EE, FL 32314	

FLOOR - 67/21/3000 C Y System Online