

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000070778

**FILED**  
**Oct 09, 2014**  
**Secretary of State**

**Entity Name:** LENOX CAPITAL CORPORATION

**Current Principal Place of Business:**

1406 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221 US

**Current Mailing Address:**

1406 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221 US

**FEI Number:** 59-3527331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TYRE, WARREN A  
1406 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

TYRE, WARREN A  
514-1 CHAFFEE POINT BOULEVARD  
JACKSONVILLE, FL 32221 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WARREN A. TYRE

10/09/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TYRE, WARREN A  
Address: 514-1 CHAFFEE POINT BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32221 US

Title: D  
Name: COLLINS, JEFFREY H  
Address: 245 N. LANE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WARREN A. TYRE

D

10/09/2014

Electronic Signature of Signing Officer or Director

Date