

563739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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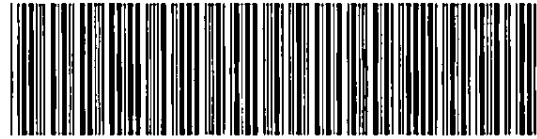
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 01 2019

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Lynese Octobre Inc  
Name of Corporation

DOCUMENT NUMBER: 563739

2019 JAN 31 PM 1:41  
RECEIVED  
TALLAHASSEE, FLORIDA

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:

Jerry Emmons  
Name of Contact Person

Lynese Octobre Inc  
Firm/Company

5483 Taylors Mill Rd  
Address

Fort Valley GA 31030  
City/State and Zip Code

jerry@MulburyTree.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry Emmons at ( 727 ) 492-1369  
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

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: Lynese Octobre Inc

2. The principal office address: 5483 Taylors Mill Rd  
Fort Valley GA 31030

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/28/1991 Document number: 563739

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)  
Danny J. Karas  
1135 W. 13th Square  
Vero Beach FL 32960

\* 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Carol Noble  
34753 Orchid Pkwy  
P.O. Box NOT acceptable  
Ridge Manor, FL 33523

2019 JAN 31 PM 1:41  
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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]  
Signature of an officer or director

Jerry Emmons  
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.

\* Carol Noble  
Signature of Registered Agent

Jan 21, 2019  
Date

If signing on behalf of an entity:  
Carol Noble  
Typed or Printed Name

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