396 GIFFORD FALMOUTH, N				
Current Ma	iling Address:			
PO BOX 913 FALMOUTH	3 I, MA 02541 US			
FEI Number: 01-0807936			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	RT ISLE DRIVE W, UNIT PH-6 , FL 34949 US			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of F	lorida.
	d entity submits this statement for the purpose of changing its reg E: ROBERT GENT	istered office or regis	tered agent, or both, in the State of F	lorida. 03/17/2021
		istered office or regis	tered agent, or both, in the State of F	
SIGNATURI	E: ROBERT GENT	istered office or regis	tered agent, or both, in the State of F	03/17/2021
SIGNATURI	E: ROBERT GENT Electronic Signature of Registered Agent	iistered office or regis	tered agent, or both, in the State of F	03/17/2021
SIGNATURI Officer/Dire	E: ROBERT GENT Electronic Signature of Registered Agent			03/17/2021
SIGNATURI Officer/Dire	E: ROBERT GENT Electronic Signature of Registered Agent Ctor Detail : DPT	Title	D	03/17/2021
SIGNATURI Officer/Dire Title Name	E: ROBERT GENT Electronic Signature of Registered Agent Ctor Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913	Title Name	D RODRIQUEZ, RAQUEL M 234 LITTLE RIVER RD	03/17/2021
SIGNATURI Officer/Dire Title Name Address	E: ROBERT GENT Electronic Signature of Registered Agent Ctor Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913	Title Name Address	D RODRIQUEZ, RAQUEL M 234 LITTLE RIVER RD	03/17/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: ROBERT GENT Electronic Signature of Registered Agent Cotor Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913 FALMOUTH MA 02541	Title Name Address	D RODRIQUEZ, RAQUEL M 234 LITTLE RIVER RD	03/17/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: ROBERT GENT Electronic Signature of Registered Agent CCTOR Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913 FALMOUTH MA 02541 S	Title Name Address	D RODRIQUEZ, RAQUEL M 234 LITTLE RIVER RD	03/17/2021

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: DORIS CHRISTIANI

SECRETARY

03/17/2021

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F07000005341

Entity Name: LAWRENCE-LYNCH CORP.

Current Principal Place of Business:

FILED Mar 17, 2021 Secretary of State 1148057881CC

Date