	396 GIFFORD S FALMOUTH, N				
	Current Mai	ling Address:			
	PO BOX 913 FALMOUTH	3 , MA 02541 US			
	FEI Number	: 01-0807936		Certificate of Status Desi	ired: No
	Name and A	ddress of Current Registered Agent:			
GENT, ROBERT 14 HARBOUR ISLE DRIVE W, UNIT PH-6 FORT PIERCE, FL 34949 US					
	The above named	I entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flo	orida.
	SIGNATURE				~
	5. <b>5 5</b>	. RUDERI GENI			04/11/2022
		Electronic Signature of Registered Agent			04/11/2022 Date
	Officer/Dire	Electronic Signature of Registered Agent			
		Electronic Signature of Registered Agent	Title	D	
	Officer/Dire	Electronic Signature of Registered Agent	Title Name	D RODRIQUEZ, RAQUEL M	
	<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : DPT		-	
	<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : DPT LYNCH, CHRISTOPHER M	Name	RODRIQUEZ, RAQUEL M 325 BAXTERS NECK ROAD	Date
	<b>Officer/Dire</b> Title Name Address	Electronic Signature of Registered Agent ctor Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913	Name Address	RODRIQUEZ, RAQUEL M 325 BAXTERS NECK ROAD	
	Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT LYNCH, CHRISTOPHER M PO BOX 913 FALMOUTH MA 02541	Name Address	RODRIQUEZ, RAQUEL M 325 BAXTERS NECK ROAD	Date
	Officer/Direct Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent <b>ctor Detail :</b> DPT LYNCH, CHRISTOPHER M PO BOX 913 FALMOUTH MA 02541 S	Name Address	RODRIQUEZ, RAQUEL M 325 BAXTERS NECK ROAD	Date
	Officer/Direct Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : DPT LYNCH, CHRISTOPHER M PO BOX 913 FALMOUTH MA 02541 S CHRISTIANI, DORIS A PO BOX 913	Name Address	RODRIQUEZ, RAQUEL M 325 BAXTERS NECK ROAD	Date

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

04/11/2022

Electronic Signature of Signing Officer/Director Detail

## 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005341

Entity Name: LAWRENCE-LYNCH CORP.

## **Current Principal Place of Business:**

396 GIFFORD ST

FILED Apr 11, 2022 Secretary of State 3107846922CC