

L9800002383

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H150002181823))



H150002181823ABC

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) 617-6383
From: Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Account Number : I20090000024
Phone : (518) 434-2877
Fax Number : (518) 434-0943

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

Email Address: jerry@diversifiedcorp.com

LLC REGISTERED AGENT CHANGE
LINCOLN 845 LLC

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (0), Page Count (02), Estimated Charge (\$25.00)

RECEIVED

15 SEP 10 AM 6:43

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 10 A 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINCOLN 845 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERRY JOSEPH

Name of Person

DIVERSIFIED CORPORATE SERVICES

Firm/Company

18560 NORTH BAY ROAD

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

Jerry@diversifiedcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY JOSEPH

at (518)

229-8228

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

((H15000218182 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. Name of the limited liability company: LINCOLN 845 LLC
- 2. (a) C/O JENEL MANAGEMENT CORP.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
275 MADISON AVE., SUITE 1100
NEW YORK, NY 10018
- (b) C/O JENEL MANAGEMENT CORP.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
275 MADISON AVE., SUITE 1100
NEW YORK, NY 10018
- 3. OCTOBER 23, 1998
Date of filing/registration in Florida
- 4. L98000002383
Document number

- 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
DIVERSIFIED CORPORATE SERVICES INT'L, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
18580 NORTH BAY ROAD
SUNNY ISLES BEACH, FL 33160
- (b) CRISTINA MOINELO
Enter name of NEW Registered Agent and/or NEW Registered Office address:
C/O CBA REALTY & MANAGEMENT CORP.
NEW Registered Office Address:
1948 HARRISON ST., SUITE 101
HOLLYWOOD, FL 33020

2015 SEP 10 A 10:47
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company:

s/ DAVID DUSHEY DAVID DUSHEY, MGRM
Signature of a member or authorized representative of a member Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

s/ CRISTINA MOINELO
Signature of Registered Agent