A0800000001

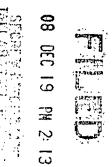
(R	Requestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)	<u></u>		
PICK-UP	☐ WAIT	MAIL		
. (B	tusiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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S. HAWKES
DEC 2 3 2008
EXAMINER

COVER LETTER

SUBJECT: Lugosc	n			
		ited Liability Company)	_	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Peter Mullaney			
		(Name of Person)		
A	The Private Client Law Group, PC			
		(Firm/Company)		
*				
1		(Address)		
•	Atlanta, GA 30309			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	all:		
Peter Mulianey		at (404) 974-3482		
	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for th	ne following amount:			
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section . Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Lincoln Circ	le Group, LP				
Na	me of Limited Partnership or I	Limited Liability Li	mited Partnership		
2. October 21, 2008		3. A0800000901			
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	egistered agent and the register	ed office address as	shown on the records of the Flori	ida	
•	Daniel J. Lugosch	ı, III		,	
	•	lame			
	7014 SE HARBO	RCIRCLE			
	A	idress	in the same of the		
	STUART, FL 3499	96 US	,	2	
	City, St	ate and Zip		;	
5. The name and Flor	rida street address of the new r	egistered agent and/	or office:		
	J. DANIEL LUGO	SCH, III			
	Ŋ	lame			
	7014 SE HARBOI	RCIRCLE			
	Florida street address	(P.O. Box not accep	otable)		
	STUART	FL	34996		
	City, St	ate and Zip			
6. Such change(s) is/s	are effective when filed by the	Florida Department	t of State.		
	2	•			
Signature of General	Partner	-, altery	.w reco		
comply with the provi	splintment as registered agent sibut of all statutes relative to day accept the obligations of t	the proper and com	this capacity. I further agree to aplete performance of my duties, tered agent.		
Signature of Registere	d Agent				
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50				