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Special Instructions to Filing Officer:		
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: March 8, 2018

Order#: 097387-002

Re: LINCOLN OIL CO., INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of GA registered agent, or both, in the State of Florida.
1. The name of t	he corporation: LINCOLN OIL CO	, INC.
2. The principal		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 11/26/2007	Document number: F07000005809
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)
	Business Filings Incorporated	
	515 East Park Avenue	
	Tallahassee	FL 32301
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office
	Corporation Service Company	ST 2
	1201 Hays Street	
	Tallahassee	FL 32301
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered agent,
		dopted by its board of directors or by an officer so een notified in writing of the change.
ين	2 Cani	Jill Cilmi
I hereby accept I further agree to performance of agent. Or, if this hereby confirm Corporatio	o comply with the provisions of a my duties, and I am familiar with	Printed or typed name and title  tent and agree to act in this capacity.  all statutes relative to the proper and complete  a and accept the obligation of my position as registered  to reflect a change in the registered office address, I  tified in writing of this change.  03/07/2018
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nature of Registered Agent	Date
If signing on be	half of an entity:	
Grace E. Kirby,	Assistant Vice President	
T	yped or Printed Name	

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