602000033495

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
(Document Number) Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:
Special instructions to Filmig Officer.

Office Use Only



600138715406

12/15/08--01034--013 **25.00

2008 DEC 15 PH 12: 53
SECRETARY OF STATE
AND ASSEE, FLORIDA

T. CLINE

DEC 16 2008

EXAMINER

			-	
Jul 30 2008 4:13PM CBA Realty	& Management	305-948-9848		p.3
	COVER LETTER			
TO: Registration Section				
Division of Corporations				
SUBJECT: JEFFERSON LINCOLN D				
(Name of	Limited Liability Comp	oany)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) a	are submitted for filing		
		_	,	
Please return all correspondence concerning th	is matter to the following	ng:		
Cristina D. Moinelo				
(Name of Person)				
CBA REALTY & MANAGEMENT CORP			-4 ~-3	
(Firm/Company)			SEC SEC	
			2008 DEC 15 SECRETARY	و ا
16375 N.E. 18th Avenue, Suite 325			15 ARY SSE	consess.
(Address)			ES PH	
N.M.B FL 33162			112: 53 STATE FLORIDA	E
(City/State and Zip Code)			Dri SS	
For further information concerning this matter,	please call:			
Criatina D. Moinelo	ar (305) 948-931			
(Name of Person)	··· \	time Telephone Numb	er)	
	•	•	•	
STREET/COURIER ADDRESS:	MAILING ADI			
Registration Section Division of Corporations	Registration Sec Division of Corp			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Flor	rida 32314		
Englosed is a check for the following	amount:			
25 Filing Fee	☐ \$55 Filing Fee	& Certified Copy		
INHS18 (5/08)				

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

111 1110 1	Jimie	by 1 to 1 tau.		
1. Nar	me of	the limited liability company: JEFFERSO	N LINCOLN DEVELOPMENT, LLC	•
2. (a)		ipal office address of limited liability company te: MUST BE STREET ADDRESS	y: <u>c/o Jenel Management Corp.</u> 275 Madison Avenue. Suite 702 New York, New York 10016	0 Q
(b)		ing address of limited liability company: te: MAY BE POST OFFICE BOX	same	
<u>12/13/2</u> 3. Dat		lling/registration in Florida	<u>L02000033495</u> 4. Document number	
		istered Agent and Registered Office shown on		
	Regi	stered Agent:	Jay Goldman	
	Regi	stered Office Address:	USA Commercial Residential, Inc. 21496 W. Dixie Highway Aventura, FI 33180	
(b)	Ente	r name of <u>NEW Registered Agent</u> and/or <u>NE</u>		-
	NE	V Registered Agent:	Cristina D. Molnelo	
		V Registered Office Address: IST BE FLORIDA STREET ADDRESS)	CBA REALTY & MANAGEMENT CORP 18375 N.E. 18th Avenue. Suite 325	
that aff office of hereby liabilit limited	ter the of the conf y con Hiabi	change or changes are made, the Florida street registered agent will be identical. Or, in the c irmed that the change(s) was/were authorized I apany or as otherwise provided in the articles of lity company.	laws of the State of Florida, it is hereby confirmet address of the registered office and the businesse of a Florida limited liability company, it is by an affirmative vote of the members of the lip of organization or the operating agreement of the	ess
(Signatur	\mathcal{I}	member or authorized representative of a member)		
(Printed		d name of signee)	_	
- KY	u v	cept the appointment as registered agent and a the provisions of all statues relative to the pr with and accept the oblightions of my position his document is being filed to merely reflect a the limited liability campany has been notified egistered Agent)	ngree to act in this capacity. I further agree to oper and complete performance of my duties, a day registered agent as provided for in Chapter change in the registered office address, I hereb d in writing of this change.	and I r 608, vy
(distribute)	ne oi K	egramico Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00