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(Bu	isiness Entity Name)	,		
(Document Number)				
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SECRETARY OF STATE

OCT 2 7 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CLR Lincoln Association Name of Lincoln	iates, LC nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Jeannette Zolan Name of Person	<u> </u>
Rand Real Estate Services, L	<u>-100 ===================================</u>
265 Past Road West Address	FILE SECRETARY ALLANDSSE
Westport, CT 06880 City/State and Zip Code	26 PM 5: 00 ARY OF STATE ASSECT FLORIDA
Zolan @ randrealestate.  E-mail address: (to be used for future annual repo	······································
For further information concerning this matter, please	call:
	203) 226-8727
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	ıt:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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.

l. Na	me of the limited liability company: _CLR_Li	ncoln Assoc	iates, LC		
2. (a)	Co Rand Real Estate Services, Two Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 50 Ran	d Ral Estate Mailing address of limi (Note: MAY BE PO	ted liability company	
	265 Post Road West	P.O.	Box 2878	2	
	Westport, CT 06880		port, CI	06880	
	12/22/2009 Date of filing/registration in Florida		00 121296		
3.	Date of filing/registration in Florida	4.	Document numbe	Γ	
5. (a)	Blum, Samuel Spencer Esq. Registered Agent and Registered Office shown on the records of	the Florida Dept. of State	e:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	-		
	2666 Tigertail Avenue,	Suite 106	•	7.8. T.≥	
	Coconut Grove , FI			ORET ORET	<del></del>
(b)	Manuel, Charlie Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:	-	T 26 PM 5 TANY OF STA MASSET, FLO	TLED
	NEW Registered Office Address:		-	<b>資用 8</b>	
	9157 Emerson Ave.				
	Surfside FI	33154	-		
signa  I here provis the obto mer	imited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of amenber or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.	f the registered office iability company, it is of the limited liability con limited liability con	e and the business of shereby confirmed by company or as of a pany.  Solve Royce Printed or typed name	office of the regis I that the change herwise provided of signee	stered (s) d in
C:	on of Danisland Agent				