

L150000 25786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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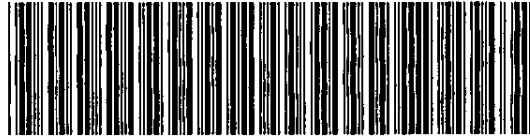
(Business Entity Name)

(Document Number)

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16 MAR 22 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2016

JASON LINCOLN
4115 DALWOOD DR
HOLIDAY, FL 34691

SUBJECT: LINCOLN SOLUTIONS, LLC
Ref. Number: L15000025786

We have received your document for LINCOLN SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 716A00004859

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lincoln Solutions ~~INC~~ LLC
Name of Corporation

DOCUMENT NUMBER: L15000025785

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Lincoln
Name of Contact Person

Lincoln Solutions LLC
Firm/Company

4115 Dalwood Drive
Address

Holiday FL 34691
City/State and Zip Code

lincoln.solutions@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Lincoln at (727) 514 2337
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Solutions LLC

2. (a) Lincoln Solutions LLC (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

4115 Dalwood Drive

Holiday, FL 34691

2/11/15

L15000025786

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Court A

Tampa, FL 34612

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Jason Lincoln

NEW Registered Office Address:

4115 Dalwood Drive

Holiday, FL 34691

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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.

Signature of a member or authorized representative of a member

Jason Lincoln

Printed or typed name of signee

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.

Signature of Registered Agent