617000046469

(Re	questor's Name)		
·	,		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	e #)	
(Oity/State/2/p/Filone #)			
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
	_		
Special Instructions to Filing Officer:			

Office Use Only



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03/05/18--01032--025 **25.00



WARO 6 20th HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 1, 2018

Order#: 090889/003

Re: LINCOLN CABANA CLUB LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

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

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

INCA.XCOA

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. N	ame of the limited liability company: LINCOLN CABA	NA CLUE	BLLC
2. (a)		(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)
	595 MADISON AVE. 16		595 MADISON AVE. 16
	NEW YORK, NY 10022		NEW YORK, NY 10022
	03/02/2017		L17000046469
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BUSINESS FILINGS INCORPORATED Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	PLANTATION , FL	33324	AAR -S
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:		3
	Tallahassee, FL	32301	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the regist ability cor of the limit	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	JONATHAN GRUSKIN	JONA	THAN GRUSKIN, AUTHORIZED PERSON
I here provis the obtomer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided left reflect a change in the registered office address, I have a change of this change. Ire of Registered Agent Corporation Service Company	performa d for in Ci hereby coi	Printed or typed name of signee In this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed notice that the limited liability company has been CE E. KIRBY, ASST. VICE PRESIDENT

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