19800000920

(Requestor's Name)		
(Address)		
(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:		
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE
DEC 16 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LINCOLN 511 LLC (Name	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	ng this matter to the following:
Cristina D. Moinelo	
(Name of Person)	
	E JL. E. 1: 05 2008 DEC 15 PM 1: 05 SECRETARY OF STATE TALLAHASSEE.FLORID
CBA REALTY & MANAGEMENT CORP	ARE DE
(Firm/Company)	AS TAIL
	SER S
16375 N.E. 18th Avenue, Suite 325	
(Address)	PM 1: 05 SEE.FLORID
N.M.B FL 33162	
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Cristina D. Moinelo	at (305) 948-9311
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

,	
1. Name of the limited liability company: LINCOLN 5	511 LLC +
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	ny: c/o Jenel Management Corp. 275 Madison Avenue, Suite 702 New York, New York 10016
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same
June 15, 1998	L98000000920
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:
Registered Agent:	Jay s. Goldman
Registered Office Address:	USA Commercial Residential, Inc. 221406 W. Dixie Highway Miami. Florida 33180
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Cristina D. Moinelo
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CBA REALTY & MANAGEMENT CORP 16375 N.E. 18th Avenue, Suite 325 N.M.B,FL_33162
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the property of the provision of amiliar with and accept the obligations of my position for the provision of th	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating agreement of the
F.S. Ur, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	change in the registered office address, I hereby de in writing of this change.

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