## M12\_000003970

(Pa	questor's Name)					
(Ne	questors Name;					
(Ade	dress)					
V	,					
(Add	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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## **COVER LETTER**

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	ECT: RC LINCOLN ROAD HOLDIN	NGS LLC				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the following:				
Marie	e Hauer					
	Name of Person					
СТС	Corporation System					
	Firm/Company					
111 8	8th Avenue, 13th Floor	· 				
	Address					
New `	York, NY 10011					
	City/State and Zip Code					
E	E-mail address: (to be used for future annu	al report notification)				
For fur	ther information concerning this matter, p	please call:				
Marie	Hauer	at (212 894-8504				
	Name of Person	Area Code & Daytime Telephone Nur	nber			
	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 following amount:						
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				



October 16, 2014

Department of State Att: Brenda Tadlock Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: CHANGE OF ADDRESS OF AGENT FOR SERVICE OF PROCESS FOR RC LINCOLN ROAD HOLDINGS LLC

Dear Ms. Tadlock,

NRAI Services, Inc. provides the agent for service of process in Florida. Please be advised that the address of the agent for service process has been changed from: 515 E. Park Avenue, Tallahassee, FL 32301 to:

NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

Enclosed is our check for \$25.00 to cover the filing fee.

Please advise us when the address change has been noted and issue whatever evidence of filing that may be usual.

Thank you,

National Registered Agents, Inc.

Marie Hauer, Manager Agent Services 111 8<sup>th</sup> Avenue, 13<sup>th</sup> Floor New York, NY 10011 marie.hauer@wolferskluwer.com

H OCT 17 PH 3:1

Telephone: (631) 752-9100

National Registered Agents, Inc.

Fax: (631) 752-9200

## 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.	Na	me of the limited liability company: RC LIN	) C (	<u>OLN</u>	R	CAO.	HOL	DIV	165	<u> </u>		
2. (a)		Principal office address of limited liability company:					Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		(Note: MUST BE STREET ADDRESS)	-				I BE FUSI					
		07/16/2012	-			3970						
3.		Date of filing/registration in Florida	4.		1	Document	number					
5.	(a)											
``		Registered Agent and Registered Office shown on the records of the Florida Dept. of State NRAI Services, Inc.				:						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					<b>2</b> 44	74		والمحادثة		
		515 E. Park Avenue										
		Tallahassee , FL 3	230	1				OCT 17	FILE			
,	4 \							R				
(b)	( <b>D</b> )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	ddress:				3:47	_			
		NEW Registered Office Address:										
		1200 South Pine Island Road										
		Plantation , FL 3	332	4								
the age was	cha nt v s/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg ility the li	gistered compan mited li	office y, it is ability	and the bu hereby co company	isiness of nfirmed t	fice of hat the	the regist change	stered (s)		
Si	gna	ture of a member or authorized representative of a member	_			Printed or ty	/ped name o	f signee	<del></del>			
I he protection	erei visi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he i in writing of this elange	e to a erfor for in ereby	ct in thi mance o Chapte confirm	is capa of my a er 605, ı that t	icity. I fur luties, and F.S. Or, he limited	ther agree I am fam if this doc liability c	e to co iliar w cument compai	mply with aith and d is being ny has be	h the iccept filed en		
Sig	natu	re of Registered Agent										
		Division of Corporations P.O. Bo	ox 63	2 <b>7</b> ● Tal	llahas	see. FL 32	314					

**FILING FEE: \$25.00** 

INHS18 (2/14)