M22000019191

(Requestor's Name)						
(Address)						
(Address)						
(Gîty/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
umik						





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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	une of the limited liability company: LINCOLN HOLE	INGS 1	00 LLC	······································
	(a)				
-	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		850 NEW BURTON RD., STE. 201		850	NEW BURTON RD., STE. 201
		DOVER, DE 19904		DOV	ER, DE 19904
		12/28/2022		M220	000019191
3.		Date of filing/registration in Florida	4,		Document number
5.	(a)				
		of State:			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					,
115 N. CALHOUN ST., STE. 4					
		TALLAHASSEE	32301		• •
		, rL			<u> </u>
	(b)				
	•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	· · ;
		Corporation Service Company			-
		NEW Registered Office Address:			
		1201 Hays Street			
		Tallahassee, FL	32301		
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim	ed office mpany ited lia	te and the business office of the registered (i. it is hereby confirmed that the change(s) ability company or as otherwise provided in
		yler Shea	Tyle	r Shea	
	_	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisie Gobli mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act performa I for in C vereby ca	in this ince of hapter infirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Sig		vace CFKvbl			