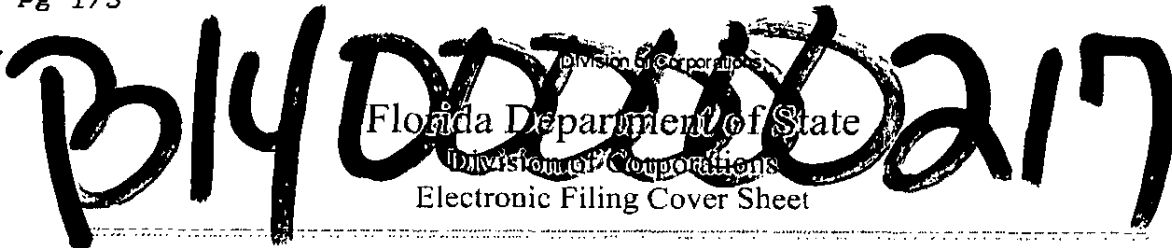


3/24/2017



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 27 AM 9:02

**REGISTERED AGENT CHANGE  
CROSSROADS SQUARE LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2017 MAR 27 AM 9:45

TALLAHASSEE, FLORIDA

MAR 28 2017

**S. YOUNG**

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Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** **CROSSROADS SQUARE LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B14000000217

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

Please return all correspondence concerning this matter to:

**Margot Mullin**

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City, State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Margot Mullin**

at ( 888 ) 705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 27 AM 9:13

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

**1. CROSSROADS SQUARE LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 09/24/2014**

Date of filing/registration in Florida

**3. B14000000217**

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

**C T Corporation System**

Name

**1200 South Pine Island Road**

Address

**Plantation, FL 33324**

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

**Registered Agent Solutions, Inc.**

Name

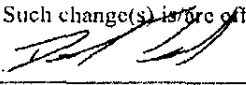
**155 Office Plaza Dr., Suite A**

Florida street address (P.O. Box not acceptable)

**Tallahassee FL 32301**

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Justine Karnell  
Assistant Secretary

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

17 MAR 27 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA