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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

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

Email	Address:		

## REGISTERED AGENT CHANGE RSH JACARANDA TRACE IC, INC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617 segtement of change is submitted for a corporation o in order to change its registered office or re	
The name of the corporation: RSHJACARANDA'      The principal office address:	TRACEICANC.
2. The principal office address: 5295SOUTHCOMMERCEDRIVE, SUITE 100, M	IURRAY,UT84107
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/13/2016	Document number: F16000004055
5. The name and street address of the current register. Florida Department of State:(If resigned, enter resigned).	
CORPORATIONSERVICECOMPA	NY SK 4
1201HAYSSTREET,TALLAHASS	
6. The name and street address of the new registered (if changed):	
CTCorporationSystem	59
c/oCTCorporationSystem, 1200Sor	
P.O. Box Plantation, Florida 33324	NOT acceptable
<del>-</del>	rect address of the business office of its registered agent,
Such change was authorized by resolution duly ado authorized by the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.
Steplen boer	Stephanie Hochm, Vice President Printed or typed name and title
I hereby accept the appointment as registered aver I further agree to comply with the provisions of all	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I
By: O M H	12/18/2017
Signanire of Agistered Agent	iλúc
If signing on behalf of an entity:  James M. Halpin Assistant Secretary	
Typed or Printed Name  * * * FILING	G FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL32314
CR2E045 (03/12)