

12/22/2017

Division of Corporations

**A0200000188**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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  
JACARANDA TRACE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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**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. JACARANDATRACE LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/08/2002 3. A02000000188  
Date of filing/registration in Florida 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:

CORPORATIONSERVICECOMPANY  
Name  
1201HAYSSTREET  
Address  
TALLAHASSEE,FL32301-2525  
City, State and Zip

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

CTCorporationSystem  
Name  
1200SouthPinelIslandRoad  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

Stephanie Bozhin  
Signature of General Partner  
Stephanie Bozhin, Authorized Person of ROC JACARANDA G.P., LLC, Its 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.*

James M. Halpin James M. Halpin, Asst. Secretary of CT Corporation System  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA