

A140000000280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JUN -5 AM 10:30

N. CAUSSEAU

JUN - 8 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RONJACK PROPERTIES, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14000000280

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:

YARON BRAZ

Contact Person

Firm/Company

409 POINCIANA ISLAND DRIVE

Address

SUNNY ISLES BEACH, FL 33160

City, State and Zip Code

RONNIEYARONBRAZ@GMAIL.COM

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

For further information concerning this matter, please call:

YARON BRAZ

Name of Contact Person

at ( 514 )

444-8332

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

**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. RONJACK PROPERTIES, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/27/14 3. A14000000280  
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:

QUALITY ACCOUNTING  
Name  
878 NW 110TH AVENUE  
Address  
PLANTATION, FL 33324  
City, State and Zip

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

ALAN J. MARCUS, ESQ.  
Name  
20803 BISCAYNE BLVD. SUITE 301  
Florida street address (P.O. Box not acceptable)  
AVENTURA FL 33180  
City, State and Zip

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

Alan J. Marcus, as attorney  
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.*

Alan J. Marcus  
Signature of Registered Agent

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

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