

A 14 000000280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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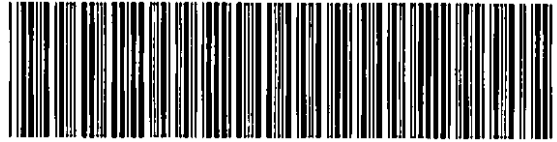
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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8-30-18

COVER LETTER

TO: Registration Section
Division of Corporations

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

DOCUMENT NUMBER: A1400000280

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, 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 (305)

Area Code and Daytime Telephone Number

333-6019

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. 05/27/2014 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:

ALAN J. MARCUS, ESQ

Name

20803 BISCAYNE BLVD, #301

Address

AVENTURA, FL 33180

City, State and Zip

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

YARON BRAZ

Name

409 POINCIANA ISLAND DRIVE

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

SUNNY ISLES FL 33160

City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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