Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5926

## REGISTERED AGENT CHANGE

HIDDEN GROVE, LTD.

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

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Corporate Filing Menu

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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. Hidden Grove	e, Ltd			
	Name of Limited Parmership or Limite	ed Liability Lim	ited Parmership	
2, 12/21/98	3_ A98000002819			
Date of	iling/registration in Florida Florida document number			ipet
4. The name of Department of S	the registered agent and the registered off tate:	fice address as a	hown on the records o	of the Florida
	CORPORATION SERVICE COM	<b>IPANY</b>		
	Name			
	1201 HAYS STREET			
	Address	6		50 S
	Tallahassee FL 32301-2525			
	City, State an	nd Zip		08 JUN SECRE
5. The name and	d Florida street address of the new registe	red agent and/or	r office:	19 1888
	C T Corporation	ı System		F. 3
	Name			हिंदु <b>०</b>
	1200 South Pine Is	aland Road		景云。
	Plorida street address (P.O.	Box not accepts	ible)	57.
	Plantation	FL	33324	
	City, State an			
6. Such change(s	s) is/are effective when filed by the Florid	da Department c	of State.	
27				
Signature of Gen	ieral Pariner iger of RCC ASSET MANAGERS XV LLC,	Ganatti Postove e	of Related Comparity XV	SLP. L.P., its General Partner
Com Chong, Main Larrhy accent to	he appointment as registered agent and a	erree to act in th	is capacity. I further	agree to
comply with the t	provisions of all statutes relative to the pr	roper and comp	lete performance of m	y duties,
and I am familia	with an accept the obligations of my pos	sttion as register	red agent.	•
<b>ス</b>	vally Samantha	Jones		
Signature of Reg				
Filing Fee:	\$35.00	F.		
Certified Cop	y (optional): \$52.50			