

MO9 000004249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

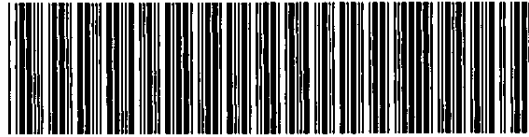
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

DEC 13 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2012

NICOLE SMITH
200 S. ORANGE AVENUE
SUITE 2800
ORLANDO, FL 32801

SUBJECT: TRAX CAPITAL MANAGEMENT, LLC
Ref. Number: M09000004249

We have received your document for TRAX CAPITAL MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 412A00027356

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAX CAPITAL MANAGEMENT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLE C. SMITH
Name of Person

TRAX CAPITAL MANAGEMENT
Firm/Company

200 S. ORANGE AVE, STE 2800
Address

ORLANDO, FL 32801
City/State and Zip Code

DSMITH@TRAXCAPITAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE C. SMITH at (407) 377-0565 x703
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TRAX CAPITAL MANAGEMENT, LLC
2. (a) Principal office address of limited liability company: _____
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

10/28/2009
3. Date of filing/registration in Florida

MO9000004249
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

MATT FARR, ESQ.

Registered Office Address:

200 S. ORANGE AVE, STE 2800
ORLANDO, FL 32801

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

NICOLE C. SMITH

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

200 S. ORANGE AVE, STE 2800
ORLANDO, FL 32801

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Frédéric Guitten - Managing Director
Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Nicole C. Smith
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00