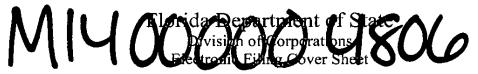
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4/27/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone

: (888)705-7274

Fax Number

: (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ヒー・イリ	Address:			

## LLC REGISTERED AGENT CHANGE TRC WEST 15TH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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#### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: TRC WEST 15TH, 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:

MARGOT MULLIN	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
notices@rasi.com	
E-mail address: (to be used for future annual report notifica	tion)

For further information concerning this matter, please call:

MARGOT MULLIN

888

705-7274

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
Tallabassas Florida 2221

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

2 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

٥,

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

(a)		_ (b)		
	Principal office address of timited liability company:  (Note: MUST BE STREET ADDRESS)	1	Mailing address of limited liability co	
	125 G WAPPOO CREEK DRIVE CHARLESTON, SC 29412		APPOO CREEK DRIVE STON, SC 29412	
	07/08/2014	M14000	0004806	
	Date of filing/registration in Florida	4.	Document number	
a)			_	-
	Registered Agent and Registered Office shown on the records of the INCORP SERVICES, INC.	e Florida Dept. of State	:: :	e S
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	· <del>].</del>	# 42 ·
	17888 67TH COURT NORTH LOXAHATCHEE, FL 33470			PR S
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b)		<b>6</b>	·	<b>一篇8</b>
b)	Enter name of NEW Registered Agent and/or NEW Registered O	Mice address:	·	T AM 8: WA
b)	Enter name of NEW Registered Agent and/or NEW Registered Of Registered Agent Solutions, Inc.	Mice address:	·	
b)		Mice address:		
b)	Registered Agent Solutions, Inc.	Miçe address:		
b)	Registered Agent Solutions, Inc.  NEW Registered Office Address:  155 Office Plaza Dr., Suite A			
	Registered Agent Solutions, Inc.  NEW Registered Office Address:  155 Office Plaza Dr., Suite A  Tallahassee , FL 3:	2301		St. 18
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INHS18 (2/14)