

M09000005013  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H17000107065 3)))



H170001070653ABC

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 : TRIAD PROFESSIONAL SERVICES COA  
Account Number : I20160000009  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

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

Email Address: jbaden@triadpros.com

17 APR 19 AM 8:49

FILED  
SECRETARY OF STATE  
CORPORATION

RECEIVED

2017 APR 19 AM 11:14

SECURITY DIVISION  
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE  
RT WEST POINT JAX, LLC

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

APR 20 2017  
J. HARRIS

((H170001070653))

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

*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.*

1. Name of the limited liability company: RT West Point JAX, LLC

|   |   |
|---|---|
| 2. (a) <u>Principal office address of limited liability company:</u><br><i>(Note: MUST BE STREET ADDRESS)</i> | (b) <u>Mailing address of limited liability company:</u><br><i>(Note: MAY BE POST OFFICE BOX)</i> |
| <u>90 PARK AVENUE, 32ND FLOOR</u>   | <u>90 PARK AVENUE, 32ND FLOOR</u>   |
| <u>NEW YORK, NY 10016</u>   | <u>NEW YORK, NY 10016</u>   |

|  |   |
|--|---|
| 3. <u>12/22/2009</u><br>Date of filing/registration in Florida | 4. <u>M09000005013</u><br>Document number |
|--|---|

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CORPORATION SERVICE COMPANY  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NRAI Services, inc.  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 17 APR 19 AM 8:49

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.

|  |  |
|--|--|
| <u>/s/Edward J. Matey, Jr.</u><br>Signature of a member or authorized representative of a member | <u>Edward J. Matey, Jr.</u><br>Printed or typed name of signee |
|--|--|

*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 605, 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.*

By: K. Rahm  
Signature of Registered Agent K. Rahm, Assi Secretary to NRAI

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

((H170001070653))