

A/3000000 371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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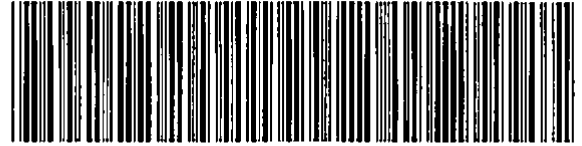
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: July 17, 2019

AE: Shelby Haynes

TO: Florida Department of State H1080

REFERENCE: 1330368

New Filing Section - Division of Corporations

PO Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: PLEASE FILE THE ATTACHED CHANGE OF AGENT ON ROUTINE-
ANY QUESTIONS, PLEASE CONTACT SHELBY HAYNES AT PARACORP INCORPORATED AT
shaynes@myparacorp.com or 800-533-7273

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Shelby Haynes TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13000000371

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:

Shelby Haynes
Contact Person
Paracorp Incorporated
Firm/Company
2804 Gateway Oaks Drive #100
Address
Sacramento, CA 95833
City, State and Zip Code
paracorp@myparacorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelby Haynes at (800) 533-7273
Name of Contact Person Area Code and Daytime Telephone Number

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. RT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/15/2013 3. A13000000371
Date of filing/registration in Florida Florida document number

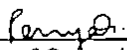
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JONES FOSTER SERVICE, LLC
Name
505 S FLAGLER DRIVE, SUITE 1100
Address
WEST PALM BEACH, FL 33401
City, State and Zip


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

Paracorp Incorporated
Name
155 Office Plaza Drive, 1st Floor
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

 RAMYA GARLAPAT, MANAGER OF GENERAL PARTNER RT FAMILY, LLC
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.

 Leticia Herrera, Assistant Secretary for Paracorp Incorporated
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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STATE DEPARTMENT OF REVENUE