8850000000

(Requestor's Name)				
(Address)				
(Addres	ss)			
(City/St	ate/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800267700188

12/30/14--01029--007 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 DEC 30 PM 12: 1



COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: RTG INVESTMENT LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
JEPPREY ALMIRON (Contact Person)				
RTG FNVESTMENTS LLC (Firm/Company)				
9350 US HWY 192 SUITE 104				
CLERMONT, FC 34714 (City/State and Zip Code)				
For further information concerning this matter, please call:				
TETPREY ALMINON at (407) 341-4445 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$\$ \$25 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314				

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

Florida	2.		
1. Na	me of the limited liability company:RT6INVE	STMENTS LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		imited liability company: POST OFFICE BOX
	9350 4.5. HILHWAY 192 SUITE 104	9350 U.S. HIL	HWAY 192 SUITEID
٠	CLERMONT, EL 34714	CLERMONT, F	1 34914
3.	JANUARY 6, 2003 Date of filing/registration in Florida 4.		
	(014): RAFAEL ROSADO Registered Agent and Registered Office shown on the records of the Florid		
	Registered Agent and Registered Office shown on the records of the Florid Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	SHITE 108		TAS TA
	CLERMONT, FL ,FL 347	114	DEC
(b)	Deter name of NEW Registered Agent and/or NEW Registered Office ad	<u>ldress</u> :	FILED FILED FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA
	9350 4.5. HILHUAY 192 NEW Registered Office Address:		2: 46 STATE FLORIDA
	SUME 104		-
	CLELADAT, FL ,FL 34	<u> </u>	
the cha agent/w was/we	mited liability company is not organized under the laws of the nge or changes are made, the Florida street address of the regively be identical. Or, in the case of a Florida limited liability care authorized by an affirmative vote of the members of the linices of organization or the operating agreement of the limited	e State of Florida, it is hereb stered office and the busine ompany, it is hereby confirmated liability company or as	ss office of the registered ned that the change(s)
Signat	Are of a hember or authorized representative of a member	FFREY ALMIRAN Printed or typed r	name of signee
	by altept the appointment as registered agent and agree to accomplete statutes relative to the proper and complete perform gations of my position as registered agent as provided for in a sufficient of the performance of the property of the sufficient of the sufficient of this change.		

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

INHS18 (2)(4)

kegistered Agent