209000080647

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

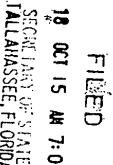
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RECEIVED OCT 15 2018



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S. YOUNG

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RTMG, LLC	
•	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Terra Spero	
Name of Person	
RTMG, LLC DBA RealTime Marketing Group	
Firm/Company	
2772 Jordan Pointe Blvd	ASC BOT
Address	ASSEE.
New Hill, NC 27562	me a
City/State and Zip Code	7: 0 LORN
terra@realtimemg.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Terra Spero 5	61 (613-1510
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 amoun	t:
S25 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

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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2772 Jordan Pointe Blvd New Hill, NC 27562 L09000080647 Document number ida Dept. of State:
New Hill, NC 27562 L09000080647 Document number ida Dept. of State:
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ne State of Florida, it is hereby confirmed that after gistered office and the business office of the registe company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided it diability company. Printed or typed name of signee Printed or typed name of signee act in this capacity. I further agree to comply with a mance of my duties, and I am familiar with and act in Chapter 605, F.S. Or, if this document is being fix confirm that the limited liability company has been
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