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(Red	questor's Name)			
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(City	y/State/Zip/Phone	: #)		
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TORETARY OF STATE

VI AHASSEE FLORIN

S. WARREN SEP 0 5 2017

COVER LETTER

TO: Registration Section Division of Corporations				
RTET II LLC SUBJECT:				
	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Steven Lenoff				
Name of Person				
Lenoff and Lenoff, P.A.				
Firm/Company				
4800 N. Federal Hwy Ste 301E				
Address				
Boca Raton, FL 33431				
City/State and Zip Code				
Steven@Lenoff.com				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	all:			
Steven Lenoff 56	61 409-8800			
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 amount:				
☑ \$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

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. Na	ime of the limited liability company: RTET II LLC		
2. (a)			
-, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: ONOTE: MAY BE POST OFFICE BOX)
,		L09000	
3.	Date of filing/registration in Florida Steven Lenoff	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 1761 West Hillsboro Boulevard Suite 405 Registered Office Address (MUST BE FLORID-L STREET. 1.		ate:
	Deerfield Beach .FL	33442	17.
<i>(</i> 1.5	Steven Lenoff		SEP F
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	- LE
	4800 North Federal Highway Building E Suite	e 301	ED Anio: S For stai Ee. Flori
	NEW Registered Office Address:		RIDA
	Boca Raton .FL		
the cha ag ont was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida timited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered offi bility company, it the limited liabil imited liability co	ice and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Signa	ture of a member or authorized representative of a member	Steven Len	off, as authorized representative Printed or typed name of signee
Hure provis the ob- to mur notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to act in this ca performance of m for in Chapter 6i ereby confirm tha	macity. I further aggree to comply with the
	Division of Corporations P.O. B	as 6327a Tullah	accoo F1 3741.1

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