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COVER LETTER

| Division of Corporations | |
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| SUBJECT: R. T. Cape Coral, LLC | |
| | of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | e Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Lisbeth A. Freeman | |
| Name of Person | |
| Lisbeth Freeman Law PLLC | |
| Firm/Company | |
| 11637 Kelly Road, Suite 301 | |
| Address | |
| Fort Myers, FL 33908 | |
| City/State and Zip Code | |
| beth@lisbethfreemanlaw.com | |
| E-mail address: (to be used for future annua | l report notification) |
| For further information concerning this matter, pl | lease call: |
| Lisbeth Freeman | 239 437-5151 |
| 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 a | mount: |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy |

TO:

Registration Section

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.

| a) [| Lisbeth Freeman Law PLLC | | (b) Lisbeth Freeman Law PLLC | | |
|----------------|--|---------------------|---|-----------------|----------|
| , - | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability (Note: MAY BE POST OFFICE) | | |
| | 11637 Kelly Road, Suite 301 | | 11637 Kelly Road, Suite 301 | | |
| | Fort Myers, FL 33908 | | Fo | ort Myers, FL 3 | 3908 |
| | 11/15/2012 | | L12 | 2000144665 | |
| • | Date of filing/registration in Florida | 4. | | Documen | t number |
| a) | Calla Reid | | | | |
| | Registered Agent and Registered Office shown on the records Registered Office Address (MUST BE FLORIDA STRE | • | | t. of State: | |
| | Registered Office Address (MUST BE FLORIDA STRE | • | | t. of State: | |
| | Registered Office Address (MUST BE FLORIDA STRE 4822 Agualinda Boulevard | • | <u>:SS)</u> | t. of State: | 16 OCT 2 |
|)) | Registered Office Address (MUST BE FLORIDA STREE 4822 Agualinda Boulevard Cape Coral Lisbeth A. Freeman, Esq. | ET ADDRE FL 3391 | 4 | | . |
|)) | Registered Office Address (MUST BE FLORIDA STRE 4822 Agualinda Boulevard Cape Coral | ET ADDRE FL 3391 | 4 | | |
|) ₋ | Registered Office Address (MUST BE FLORIDA STRE 4822 Agualinda Boulevard Cape Coral Lisbeth A. Freeman, Esq. Enter name of NEW Registered Agent and/or NEW Registered | ET ADDRE FL 3391 | 4 | | |
|)) | Registered Office Address (MUST BE FLORIDA STRE 4822 Agualinda Boulevard Cape Coral Lisbeth A. Freeman, Esq. Enter name of NEW Registered Agent and/or NEW Registered Lisbeth Freeman Law PLLC | ET ADDRE FL 3391 | 4 | | |

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.

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent