## L 1500014576

(Red	uestor's Name)				
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AUG 2 5 2015 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporation	us			
SUBJECT: FL RTC LLC	Nama of Li	mited I ish	nility Company	<del></del>
	Maine of En	inted Liau	mity Company	
Dear Sir or Madam:				
The enclosed Registered Agent	Registered Office Char	nge and fe	e(s) are submitted for filing	ζ.
Please return all correspondence	e concerning this matte	r to the fo	llowing:	
Rimma Tyo				
Name o	of Person		-	
FL RTC LLC				
Firm/C	ompany	<del></del>	-	್ವ ≓
9830 Mar Largo Cir				SOMETY SO
Addr	ess		-	6 24 6.24
Fort Myers FL 33919				71157
City/State	and Zip Code		_	PH 2: II
rimmatyo@yahoo.com				F
E-mail address: (to be use	d for future annual repo	ort notifica	ation)	
For further information concern	ning this matter, please	call:		•
Rimma Tyo	at (	239	222-7777	
Name of Perso	<del> </del>		Area Code & Daytime Tele	ephone Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314	
Enclosed is a check fo	r the following amour	nt:		
□ \$25 Filing Fee		■ \$55	Filing Fee & Certified Cop	у

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.

Na	me of the limited liability company: FL RTC LLC				
(a)	14763 Calusa Palms Dr Apt 101	_ (	D)		s Dr Apt 101
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			•	of limited liability company: TE POST OFFICE BOX)
	Fort Myers, FL 33919	_	Fort My	ers, FL 3391	
	March 23, 2015		L150000	64576	
	Date of filing/registration in Florida	4.		Document nu	ımber
(a)	Rimma Tyo			_	
()	Registered Agent and Registered Office shown on the records of t	he Flori	ia Dept. of Sta	te:	
	14763 Calusa Palms Dr Apt 101			_	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>ss)</u>	-	
				_	·
	Fort Myers	3391	9		in the second se
	, r,			<b></b>	S26 S26 S26 S26 S26 S26 S26 S26 S26 S26
(b)				_	
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office 1	ddress:		
	9830 Mar Largo Cir				<b>F F</b>
	NEW Registered Office Address:			<del></del>	
	Fort Myers	3391	····- 9	_	
	, FL			_	
e cha ent v as/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the reg ability I the li	gistered offic company, it mited liabili	is hereby confi ity company or	ness office of the register irmed that the change(s)
Signa	ture of a member or authorized representative of a member			Printed or type	d name of signee
rovisi ie obi mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ee to a perfor d for in hereby	ct in this ca mance of my Chapter 60 confirm tha	pacity. I furthed duties, and I do 15, F.S. Or, if it the limited lid	er agree to comply with th am familiar with and acce this document is being file ability company has been

Signature of Registered Agent