

# L15000164506

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2021 SEP -7 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 989513 7550102

AUTHORIZATION

*[Signature]*

COST LIMIT : \$55.00

ORDER DATE : September 7, 2021

ORDER TIME : 1:39 PM

ORDER NO. : 989513-005

CUSTOMER NO: 7550102

CHANGE OF AGENT

NAME: RTR M2C, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RTR M2C, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

K. SHAYLAN BALDWIN

\_\_\_\_\_  
Name of Person

RTR M2C, LLC

\_\_\_\_\_  
Firm/Company

520 W. ERIE STREET, SUITE 100

\_\_\_\_\_  
Address

CHICAGO, IL 60654

\_\_\_\_\_  
City/State and Zip Code

SBALDWIN@TRILOGYREG.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K. SHAYLAN BALDWIN

312 750-0900  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: RTR M2C, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
14200 NW 4ND AVE., SUITE 819  
OPA LOCKA, FL 33054

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
14200 NW 42ND AVE., SUITE 819  
OPA LOCKA, FL 33054

3. 09/28/2015 Date of filing/registration in Florida

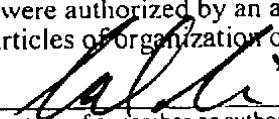
4. L15000164506 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JAY POLLAK  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
14200 NW 4ND AVE.  
OPA LOCKA, FL 33054

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CORPORATION SERVICE COMPANY  
NEW Registered Office Address:  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

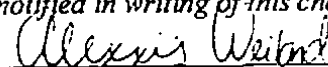
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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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

SONIL S. GEHANI Printed or typed name of signer

*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.*

 Assistant Vice President  
Signature of Registered Agent