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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE RTNOW, LLC

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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	Same of the limited liability company: RTNOW,	LLC	
2. (a	1488 Barrington Cir	_(b) 1	488 Barrington Cir
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Saint Augustine, FL 32092	_ <u>S</u>	aint Augustine, FL 32092
	08/01/2017	L_1	7000163560
3.	Date of filing/registration in Florida	4.	Document number
5. (., UNITED STATES CORPORATION AGENTS	S, INC.	
.). (1	Registered Agent and Registered Office shown on the records of t	pt. of State:	
	5575 S. SEMORAN BLVD		2
	Registered Office Address (MUST BE FLORIDA STREET A		
	SUITE 36		
	ORLANDO, FL	32822	JUL 15 PH 12: 50
(b	Registered Agents Inc.		PRI 12
(1.	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	50 8
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the cagen	Ilimited liability company is not organized under the lay hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register ability comp of the limite	any, it is hereby confirmed that the change(s) dliability company or as otherwise provided in
D	ilera tark	Riley	
_	nature of a member or authorized representative of a member		Printed or typed name of signee
prov the c to m	reby accept the appointment as registered agent and agr isions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I i ged in spriting of this change.	perjormano A for in Cha	noter 605. F.S. Or, if this document is being filed

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent