L18000 004 948

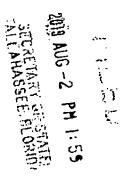
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer.				





800331987328

08/02/19--01004--037 ••25.00



ANG CASMAIR

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RTK Investments 990 Name of Limited 1.	fee(s) are submitted for filing		
	Right Francisco		
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:		
Jæl Kupfernam Name of Person			
Firm/Company			
20201 EAST COUNTRY CLUB Address	D.R. AFT. 1206		
City/State and Zip Code			
KUPFERMAN CPAEAOL, Com E-mail address: (to be used for future annual report notif	ication)		
For further information concerning this matter, please call:			
Joel Kupfernan al (786	<u>877 732L</u>		
Name of Person	Area Code & Daytime Telephone Number		
	AILING ADDRESS:		
	gistration Section vision of Corporations		
Clifton Building P.	D. Box 6327 Hahassee, Florida 32314		
Enclosed is a check for the following amount:			
U \$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.

i. Na	une of the limited liability company: <u></u>	ENVESTM	eurs 9999	LLC
2 (a)		(b)		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fit (<u>Note: MAY BE I</u>	nited liability company: POST OFFICE BOX)
	9999 COLLINS AVE.		SAM	سمع
	Apr. PH21+ BAL HARBOUR	Sc. 3311	r	**************************************
	Date of filing/registration in Florida			
3.	Date of filing/registration in Florida	4.	Document numb	oer
5 (a)				
J. (11)	Registered Agent and Registered Office shown on the records	s of the Florida Dej	ot, of State:	
	1691 Michigan Aut. Suit	Z 360		
	Registered Office Address (MUST BE FLORIDA STRE			
	Miani BEACH	FL 3313	9	
. (b)	Joel Kupfernan			ANG-2 T
, .	Enter name of NEW Registered Agent and/or NEW Register	ered Office addres	<u>s</u> :	1 1 N
				SSE P
	20201 EAST COLLITMY	CLUB D	1R. APT. 12	0 6 5 年 年
	NEW Registered Office Address:			1:55

	Avenues	п. 337	80	
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registers d liability comp ers of the limited the limited liab	ed office and the busines any, it is hereby confirm Hiability company or as ility company.	s office of the registered ed that the change(s) otherwise provided in
	ture of a member or authorized representative of a member	Ron	J Korfeana Printed or typed na	<u>/</u>
provisi the obl to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	agree to act in lete performanc vided for in Cha v, I hereby confi	this capacity. I further a e of my duties, and I am pter 605, F.S. Or, if this rm that the limited liabil	gree to comply with the familiar with and accep document is being filed ity company has been
- C:	No ken			
Signatu	re of Registered Agent			