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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(,							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Littly Name)							
(Document Number)							
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SECHARASSECTION OF THE 21 UB

SEP 1 6 2019

COVER LETTER

	egistration Section Division of Corporations								
SUBJECT: RTP Holdings LLC Name of Limited Liability Company									
Dear Sir o	or Madam:								
The enclo	sed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.							
Please ret	urn all correspondence concerning this matter	to the following:							
	Sonald R. Parrish Name of Person								
RTP Holdings, LLC Firm/Company									
495	59 SW 4th Circle								
	City/State and Zip Code								
	ail address: (to be used for future annual repo								
	r information concerning this matter, please c								
	Lick farrish at (352, 216-0201							
	Name of Person	Area Code & Daytime Telephone Number							
Re Di CI 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
***	\$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

Florido		,	J	G · · · ,			
l. Na	me of the limited liability company:	Hold.	195,	220			
2. (a)	1187 SE 65th Cir	(b)	1187	SE 65	-44 C	ΞR	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Ocala, FL 34472			la FL			_
			<u> </u>	-1a / C	399	10	-
	/ ;						
	Date of filing/registration in Florida		21	1800000	6560	クク	
3.	Date of filing/registration in Florida	4.		Document numb			
5. (a)	Donald R. Parrish Jr.						
	Registered Agent and Registered Office shown on the records of the	he Florida De	pt. of State:		<u>_</u>	201	
						9 SE	- Pa
	Registered Office Address (MUST BE FLORIDA STREET A					1	6 g
	1/87 SE 65th Cir				As:	9	12222
	1187 SE 65th Cir Ocala, FL	344	170-			-	
(b)	Donald R. Parrish Tr				LAHASSEELEE	PM 2: 06	తంతో
	Enter name of NEW Registered Agent and/or NEW Registered (<u>.s</u> :				
	4959 SW 414 Circ	lo					
	NEW Registered Office Address:						
	α /						
	<u>Cala</u> , FL	344	17/				
If the lin	mited liability company is not organized under the law	s of the Sta	ite of Flori	ida, it is hereby	confirme	d that a	ıfter
ine char	nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab	he register	ed office a	ınd the business	office of	the res	pistered.
was/we:	re authorized by an affirmative vote of the members of	the limited	l liability c	company or as c	otherwise	provid	ed in
iie ai tie	eles of organization or the operating agreement of the li	imited flab	ility compa	any. OD	/	-	
Signati	ure of a member or authorized representative of a member	٥	oneld p	R. Perr. 5	4 Vr		
I hereb	v accept the appointment as registered agent and agre	e to act in	this canac	ity I furthay ac	erran to an		المامان
provisió he obli	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he	erformanc for in Cha	e of my du pter 605. I	ties, and Lam for S.S. Or if this	gree to co amiliar w document	mpty w ith and is heir	uin the accept a filed
o mere	ly reflect a change in the registered office address, I he	ereby confi	rm that the	e limited liabili	tv compai	iv has i	heen