

118000066440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

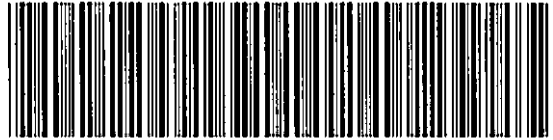
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Tim R. edel called
only Robert Smith
for RA on 11/7/2018

Office Use Only



600319766936

10/18/18--01029--026 **25.00

2018-11-08

FILED

11/7/18 25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RTS Real Estate Holdings, 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:

Timothy Riedel

Name of Person

RTS Real Estate Holdings, LLC

Firm/Company

265 Middle Way

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

riedel@buenavistacompanies.com

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

For further information concerning this matter, please call:

Tim Riedel

at (407)

687-8666

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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

FILED
JAN 11 2011
TALLAHASSEE, FL
9:08

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: RTS Real Estate Holdings, LLC

2. (a) 265 Middle Way New Smyrna Beach (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

New Smyrna Beach

32169

3/14/2018

L18000066440

3. Date of filing/registration in Florida

4. Document number

5. (a) Timothy Riedel

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

265 Middle Way

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

New Smyrna Beach

FL 32169

(b) Robert C. Smith

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

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]
Signature of a member or authorized representative of a member

Timothy A. Riedel
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent