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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RJ INDUSTRIES 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:
Jessica Camp
Name of Person
Firm/Company
14991 NE Jacksonville Rd
Address
Citra, FL 32113
City/State and Zip Code
MSJ camp@email.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Camp a1(352, 871.8352
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section  MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 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.

1. Name of the limited liability company: RT INDUSTRIES LLC
2 (a) 14991 NE Jacksonville Ret (b) 14991 NE Jacksonville
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Citra, FL 32113 Citra, FL 32113
02-04.2019
3. Date of filing/registration in Florida 4. Document number
5. (a) Cabrera Trex Accountants ICC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  8810 SW Hwy 200 St 103  Coala FL 34481  Tessi Co Camp  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1499 NE Jack Son Ville Red  NEW Registered Office Address:
Citra 32113
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 agreement of the limited liability company.  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

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

Signature of Registered Agent