Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000075373 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Phone

: (800)567-4398 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __ksaldana@urscompliance.com

LLC REGISTERED AGENT CHANGE RTS BUILDING ENVELOPE, LLC

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	RTS BUILDING ENVELOP	E, LLC				
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and fe	e(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
DAN:	SCHUMAN					
	Name of Person					
RTS	BUILDING ENVELOPE, LLC					
	Firm/Company					
853 E	ASTPORT CENTRE DR					
	Address					
VALP	ARAISO, IN 46383					
	City/State and Zip Code		,			
	ana@urscompliance.com					
E	-mail address: (to be used for future and	rual report notifica	tion)			
For further information concerning this matter, please call:						
URS	Agents c/o Kanetha Bishop	800 at (567-4397			
	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	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			

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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. N	ame of the limited liability company: RTS BUILD!	NG EN	/ELOF	PE, LLC
2. (a))	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	853 EASTPORT CENTRE DR	_	853	EASTPORT CENTRE DR
	VALPARAISO, IN 46383		VAL	PARAISO, IN 46383
	10/07/2020		L2000	00317162
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	State:
	CORPORATION SERVICE COMPANY			~:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		7 2 2 7	
	1201 HAYS STREET			
	TALLAHASSEE .FI	32301	_	7 - L
(b)				- S: 34
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	5 P
	URS AGENTS, LLC			
	NEW Registered Office Address:			
	3458 LAKESHORE DRIVE	_,		
	TALLAHASSEE ,FL	32312		
if the l	imited liability company is not organized under the law	ws of the	State o	f Florids, it is hereby confirmed that after
the cha agent v was/wa	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of	f the regis ability co of the lim	stered o impany, ited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
the arti	cles of organization or the operating agreement of the			
Signa	ture of a member of authorized representative of a member	Dai	1 Schu	Printed or typed name of signee
I here provisi the obl to meri	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I if in writing of this change.	ree to act perform d for in (hereby co	in this ance of chapter onfirm t	••
Signato	re of Registered Agent			