Florida Department of <u>State</u> Division of Corporations Electronic Films

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.

(((H22000373696 3)))



H220003736963ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE RTB DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV 0 1 2022

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.

. Na	ime of the limited liability company: RTB	Distribution	on LLC
2. (a)		(b) _	
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	• •	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/27/2021		L21000468065
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION A	AGENTS, INC.	
. (.)	Registered Agent and Registered Office shown on the re-	ecords of the Florida De	Dept. of State:
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)	
	SUITE 36		
	ORLANDO	,FL 3282	22
		, rr, <u></u>	2022 NOV -
(b)	Registered Agents Inc		
(-)	Enter name of NEW Registered Agent and/or NEW R	egistered Office addre	ESS: The Part of t
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300	<u> </u>	<u>5</u>
	St. Petersburg	. FL 33702	
he cha igent v was/we	inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li	Idress of the register mited liability comp embers of the limite	
Signa	ture of a member or authorized representative of a memb		Riley Park Printed or typed name of signee
I here provisi he obl o mere	by accept the appointment as registered agent ions of all statutes relative to the proper and co ligations of my position as registered agent as ely reflect a change in the registered office add d in writing of this change.	and overer to act in	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and acceptant of my duties, and I am familiar with and acceptant is being filed firm 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