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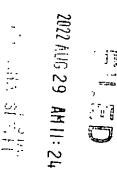
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Boca Raton, FL 33496	<u> </u>	b)	Mailing address of (Note: MAY BI			
	March 14, 2022 Date of filing/registration in Florida	 	L22000	Document nu	mber		
. (a)	Business Filings Incorporated Registered Agent and Registered Office shown on the records of Mark Williams, A.V. P.	the Flori	ia Dept. o	f State:			
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road	ADDRE:	<u>55)</u>				
	Plantation	L_33324			-	202	
(b) _	RT Taxes, LLC				Ė	2022 AUG	۲ <u>۳</u>
	enter name of NEW Registered Agent and/or NEW Registere	d Office :	iddress:		<u>.</u> :	29	
1	Richard V. Talabac, Jr.				SSE E	AM 11: 21	
	NEW Registered Office Address:				<u></u>		
	825 South US HWY 1, Suite 220				i B	+	
J	upiter, F	L		·			
ge or t will	ted liability company is not organized under the la changes are made, the Florida street address of the be identical. Or, in the case of a Florida limited la authorized by an affirmative vote of the members of organization or the operating agreement of the	e regist iability of the l e limite	ered off compar imited l d liabili	ice and the busing iy, it is hereby co- lability company	ess office of offirmed tha	t the ch	ange(s
N	of a member or authorized representative of a member	_	andy ivi		yped name of	signee	
	accept the appointment as registered agent and age of all statutes relative to the proper and completions of my position as registered agent as provide effect a change in the registered office address, leaving of this change	ree to e e perfoi ed for i	act in the mance n Chapt	·	than arma	to come	oly wit and a being

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

Signature of Registered Agent