(((H23000188583 3)))



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 : I20090000081 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 RT 5 INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX Help MAY 2 3 2023

Electronic Filing Menu

Corporate Filing Menu

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.

l. Na	me of the limited liability company: RT 5 Investmen	nts LLC			>		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	08/11/2022	L2200	0350709				
١.	Date of filing/registration in Florida	4,	Document number		<u> </u>		
5. (a)	EPSTEIN, ANDREW S						
. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of State:				
	Registered Office Address (MUST BE FLORIDA STREET 4600 SUMMERLIN ROAD, STE. C-2524	T ADDRESS)					
	FORT MYERS	FL_ ³³⁹¹⁹			2023		
(b)	Registered Agents Inc				2023 F. Y 22		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:		_			
	7901 4th St N				£H 2:	Ć.,	
	NEW Registered Office Address:			 =.	-6		
	STE 300			٠			
	St. Petersburg	33702 FL					
he cha igent v vas/wa he arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the tore of a member or authorized representative of a member	of the registered liability compan s of the limited li	office and the business of y, it is hereby confirmed to lability company or as other ty company.	fice of hat the erwise	the reg change provide	gistere e(s)	
l here provisi he obl o merc	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple- ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree to act in thi te performance o ded for in Chapte I hercby confirm	is capacity. I further agree of my duties, and I am fam er 605. F.S. Or, if this doc t that the limited liability c	to con iliar wi ument compar	mply w ith and is bein iy has l	ith th acce _l g file been	

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

· Assistant Secretary

David Roberts

Signature of Registered Agent