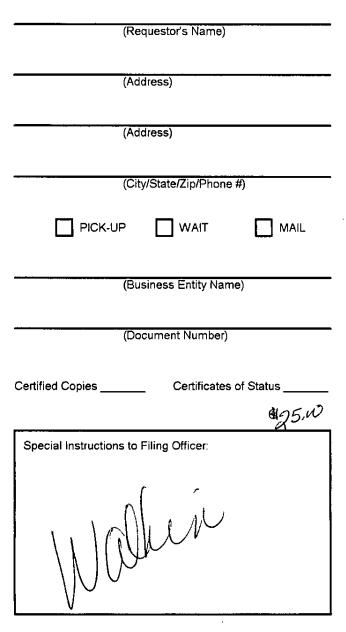
## M09000005013



Office Use Only



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J. SAULSBERRY EXAMINER OCT 17 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE :

381491

AUTHORIZATION

COST LIMIT

ORDER DATE: October 15, 2012

ORDER TIME : 12:06 PM

ORDER NO. : 381491-163

CUSTOMER NO: 7903718

## CHANGE OF AGENT

NAME: RT WEST POINT JAX, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

in the state of Fioriaa.				
1. Name of the limited liability company: RT WEST PO	INT JAX, LLC			
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 47 Hulfish Street, Suite 210 Princeton NJ 08542	<del></del>		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	47 Hulfish Street, Suite 210 Princeton NJ 08542			
12/22/2009	M09000005013			
3. Date of filing/registration in Florida	4. Document number		-	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. o	f State:		
Registered Agent:	C T Corporation System			
Registered Office Address:	1200 South Pine Island Road Plantation FL 33324	SEC REI	)12 <b>þ</b> C 1	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	TRY OF S	<u></u>	E TORN CONTRACTOR
NEW Registered Agent:	Corporation Service Company	<u> </u>	<b>Q</b>	San at
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	DE.	<u>~</u>	
	Tallahassee ,F	L_32301		
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the charge of the registered that the change (s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.  Maure Other	of address of the registered office ase of a Florida limited liability c by an affirmative vote of the mem	and the loompany of the second	businc , it is the lim	ss nited
(Signature of a member or authorized representative of a member)				
Maureen Cathell. Authorized Person (Printed or typed name of signee)	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited lightlift company has been notified.	igree to act in this capacity. I fur oper and complete performance of as registered agent as provided j change in the registered office and d in writing of this change	ther agr of my du for in Ch ldress, I	ee to ties, ai napter hereb	nd I 608, v

(Signature of Registered Agent) Corporation Service Company Sarah Wright, Asst. Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

Sarah Wiront