## Electronic Filing Cover Sheet

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.

(((H110000358853)))



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

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number : (850)878-5368

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

Email A	Addrese:			

## LLC REGISTERED AGENT CHANGE R-T SPECIALTY, LLC

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

C. LEWIS FEB 1 1 2011

**EXAMINER** 

## 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.

*				
1. Name of the limited liability company: R-T Specialty,	LLC			
2. (a) Principal office address of limited liability compa	iny: 200 E RANDOLPH 20	TH FLOOR		
(Note: MUST BE STREET ADDRESS)	CHICAGO IL 60601			
(b) Mailing address of limited liability company:	200 E RANDOLPH 20	TH FLOOR		
(Note: MAY BE POST OFFICE BOX)	CHICAGO IL 60601			
03/23/2010	M10000001345			
3. Date of filing/registration in Florida	4. Document number			
5.(a ) Registered Agent and Registered Office shown o	on the records of the Florida Do	ept. of State:		
Registered Agent:	NRAI SERVICES INC			
Registered Office Address:	2731 EXECUTIVE PARK DRIV WESTON FL 33331 US	VB31E4		
		HASSON T		
. (b) Enter name of NEW Registered Agent and/or N	EW Registered Office addres			
NEW Registered Agent:	C T Corporation System	FIS S		
NEW Registered Office Address:	1200 South Pine Island Road	PRIOR S		
(MUST BE FLORIDA STREET ADDRESS)	Plantation	,FL_33324		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company.  Signature of member or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Flo (s) was/were authorized by an erwise provided in the articles	egistered office rida limited affirmative vote		

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sy: Signature of Registered Agent

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