## M100000004732

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP ' WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· l
<u> </u>

Office Use Only



600240654546

DIVISION OF CORPORATIONS
OIVISION OF CORPORATIONS

DEPARTMENT OF STATE

12 OCT 15 PM 1: 57

C. LEWIS

OCT 1 7 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE: 381491 7903718

AUTHORIZATION

ORDER DATE: October 15, 2012

ORDER TIME : 12:05 PM

ORDER NO. : 381491-053

CUSTOMER NO: 7903718

## CHANGE OF AGENT

NAME: RT ELKTON, 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.

ÿ	
1. Name of the limited liability company: RT ELKTON	N, LLC
2. (a) Principal office address of limited liability compare (Note: MUST BE STREET ADDRESS)	ny: 47 Hulfish Street, Suite 210 Princeton NJ 08542
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	47 Hulfish Street, Suite 210 Princeton NJ 08542
10/26/2010	M10000004732
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	M1000004732  4. Document number  a the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	M1000004732 4. Document number a the records of the Florida Dept. of State:  C T Corporation System  1200 South Pine Island Road Plantation FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 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 hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  Matter	eet address of the registered office and the business case of a Florida limited liability company, it is
(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 comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	agree to act in this capacity. I further agree to proper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608 i change in the registered office address, I hereby ed in writing of this change.
By: Such Wint (Signature of Registered Agent) Corporation Service Company	

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