M17CCCCO04120

(Requestor's Name)					
(Ad	dress)				
•	,				
(Ad	dress)				
(0)		(0)			
(Cit	y/State/Zip/Phone	⊋#)			
PICK-UP	☐ WAIT	MAIL			
(Ru	siness Entity Nan	ne)			
00)	Siliess Elidiy Ivali	iie)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



300378805203

Tigita (5) Harija Haqid (★•27,00

O Slivinions JAN 21 2022

COVER LETTER

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: RGT Real Estate Ha	Slainas, LLC. Ty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Kimberly Wimberly Name of Person	
RGT Real Estate Holdings LLC Firm/Company	د
116 MC Davis Blud Ste 216 Address	
Santa Rosa Beach FL 3245° City/State and Zip Code	7
E-mail address: (to be used for future annual report notification	γ_{n}
For further information concerning this matter, please call:	
Kim Wimberly at (901) Name of Person Are	767 - 138 2 ea Code & Daytime Telephone Number
Registration Section Robbits Division of Corporations D P.O. Box 6327 The Tallahassee, FL 32314	reet Address: egistration Section ivision of Corporations ne Centre of Tallahassee H5 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

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.

1. Name of the limited lia	ability company: RGT Re	al Estate	toldings, L	<u> </u>
()	is Blud Ste 216		ame	
	address of limited liability company: UST BE STREET ADDRESS)		ailing address of limited li (Note: MAY BE POST O	- · · · · · · · · · · · · · · · · · · ·
Santa Rosa	Beach, FL 32459	7		
	1			
5 15	117		00004121	<u> </u>
	ing/registration in Florida		ocument number	
5. (a) Corporation Registered Agent and R	on Services Comp Registered Office shown on the records of the	ne Florida Dept. of State:		. 2
1201 Ha	uls St	•	7.5	
	resa (MUST BE FLORIDA STREET A			
Tallahas	see, FL 32301		(2) (2)	
	, FL_		တ် (၁)	M 6:41
(b) Kimberli	1 Wimberly		'- 	5. E
	egistered Agent and/or NEW Registered C	Office address:		rr.
Idal Flat	woods Forest La	^ 0		
<u>NEW</u> Registered Offic	te Address:	l		
Santa R	osa Beach, FL	_ 32459		
	•			
	, FL_			
If the limited liability compensate or changes are mad	pany is not organized under the law le, the Florida street address of the r	s of the State of Flori registered office and t	da, it is hereby confi- the business office of	rmed that after the the registered
agent will be identical. Or.	in the case of a Florida limited liab affirmative vote of the members of	pility company, it is h	ereby confirmed that	the change(s)
the articles of aganization	or the operating agreement of the l	imited liability compa	any.	·
Signature of a member or auth	orized representative of a member	_Sean	rinted or typed name of s	ignee
I hereby accept the appoint provisions of all statutes re	nment as registered agent and agre elative to the proper and complete p	e to act in this capace performance of my du	ity. I further agree to ties, and I am familia	o comply with the with and accept
the obligations of my positi to merely reflect a change	elative to the proper and complete p ion as registered agent as provided in the registered office address. The	fốr in Chaptér 605, I creby confirm that the	S. Or, if this docum limited liability con	ient is heing filed ipany has been
notified in scriting of this co	Im Dan Qu			
Signature of Registered Agent				
<i>j</i> 1	Division of Cornerations PO R	ov 6327a Tallahassa	on FL 3231.1	

FILING FEE: \$25.00