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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

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## LLC REGISTERED AGENT CHANGE **RT 2 INVESTMENTS LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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## 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. N	ame of the limited liability company: RT 2 Investments I	LLC					
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited lic				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited lic (Note: MAY BE POST O				
3.	07/07/2022  Date of filing/registration in Florida	M22000					
J.		4.	Document number				
5. (a							
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of	State:				
	D	A DA PROS					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	4600 SUMMERLIN RD., STE. C-2524						
	FORT MYERS	33919		202			
(b)				2023 M. J. S			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	•	12 j			
	7901 4th St N		· ·	FH I			
	NEW Registered Office Address:			÷:			
	STE 300			Ö			
	St. Petersburg , FL	33702	and the second				
the chagent was/v the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lature of a member or authorized peresentative of a member	the registered of bility company. f the limited liab	ffice and the business office it is hereby confirmed that bility company or as otherw	e of the registered the change(s) rise provided in			
I her provi. the ol to me notifi	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a change of this change.  David Roberts - Assistant Se	performance of I for in Chapter ereby confirm t	capacity. I further agree to my duties, and I am familia	= o comply with the or with and accept			

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

Signature of Registered Agent