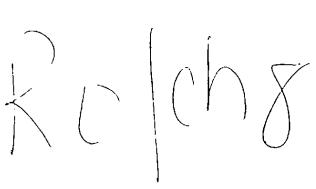
NO6 000008407

(Requestor's Name) (Address)	200354443042		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	11/09/2001009022 **35		
(Document Number)			
Certified Copies Certificates of Status Special Instructions to Filing Officer:	() () () () ()		
Office Use Only			



**35.00

DER 15 2020 ! ALBRITTON

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: RTS Missions Inc.	
Name of Corporation	
DOCUMENT NUMBER: N06000008407	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Gregory Lee Shepherd	
Name of Contact Person	
RTS Missions Inc.	
Firm/Company	
5626 Sun Up Rd	
Address	
Land O Lakes, FL 34638	
City/State and Zip Code	
info@rtsmissions.com	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter,	please call:
Greg Shepherd	at (813) 629-4448 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananasse, i E 52514	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED-OFFICE OR REGISTERED-AGENT OR BOTHFOR CORPORATIONS

statement of cha	inge is submitted fo	ons 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute or a corporation organized under the laws of the State of Floric	la
	b	istered office or registered agent, or both, in the State of Florida TS Missions Inc.	l.
1. The name of2. The principal	office address: 560	, , , , , , , , , , , , , , , , , , , 	
Land O Lakes, F			
3. The mailing a	address (if different): PO Box 897, Land O Lakes, FL 34639	
		on: 08/07/06 Document number: N06000008407	<u> </u>
		he current registered agent and registered office on file with the resigned, enter resigned)	
	Gregory Lee Sheph	herd	
	6735 Land O Lakes	s Blvd.	
	Land () Lakes, FL	34638	
6. The name and (if changed):	d street address of the	he new registered agent (if changed) and /or registered office	
	Gregory Lee Shepl	herd	
	5626 Sun Up Rd		
		P.O. Box NOT acceptable	
	Land O Lakes, FL	34638	
=		office and the street address of the business office of its regi-	
	as authorized by rene board, or the cor	esolution duly adopted by its board of directors or by an office proration has been notified in writing of the change.	r so
Yung	Shigh	Gregory Lee Shepherd, President	· · · · · · · · · · · · · · · · · · ·
\mathcal{O}^{r}	घट का रही को विस्टार कर काम्प्रेडक		
I further agree of my duties, ar document is be	to comply with the nd I am familiar wi ing filed merely to	is registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete in and accept the obligation of my position as registered ages reflect a change in the registered office address, I hereby convirting of this change.	performance it. Or, if this firm that the
My x	Shield	11/05/20	
Sig	प्राथकार जिस्टिशंडवरके नेकृत	nt Date	
If signing on be	half of an entity:		
1	apped as Printed Name		

* * * FILING FEE: \$35.00 * * *