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SECRETARY OF STANTALLAHASSEE, FLORIE

C.COULLIETTE

JAN 04 2010

EXAMINER

COVER LETTER

TO: Amendment Division of C	Section Corporations		
SUBJECT:	RTFC Co		_
	Name of Cor	poration	
DOCUMENT NUM	BER: P0800	00017436	
The enclosed Statem	ent of Change of Registered Office/.	Agent and fee are submitted for	filing.
Please return all corr	espondence concerning this matter t	o the following:	
_	Herb Li Name of Cont	gon act Person	·····
	RTFC (Corp.	
_	Firm/Con		_
-	204 37th Av		<u> </u>
_	St. Petersburg City/State and	FL 33704 Zip Code	
E	hendersonlaw@b -mail address: (to be used for fut	pellsouth.net ure annual report notification	n)
For further informati	on concerning this matter, please ca	11:	
Williar	m E. Henderson Jr.	at (270) 33 Area Code & Daytime Tel	22-1000
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a \$35.00	check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flood ander the laws of the Sta and agent, or both, in the Sta	nte of Flor	ida	<i>S</i>	
1. The name of t	he corporation: RTFC	Corp.					
2. The principal	office address: 204 37	th Avenue N, S	t. Petersburg FL 3370	04			
3. The mailing a	ddress (if different):						
4. Date of incorporation/qualification: 2-15-2008 Document number: F				P080	208000017436		
	I street address of the cu tment of State: (If resign		nt and registered office on	file with th	e		
	Herb Ligon						
	15440 Lee Road			· · · · · · · · · · · · · · · · · · ·	Z 55	6	
	Groveland FL 347					09 DEC 29	, esq., es.,
6. The name and (if changed):	street address of the ne	w registered agent ((if changed) and /or register	red office	TARY OF	29 円	
	204 37th Avenue I	<u> </u>			FL 01	2:	-
	St. Petersburg FL	P.O. Box NOT a	cceptable		ORIDA	7	
The street addre	ess of its registered offices be identical.	ce and the street ad	ldress of the business offic	ce of its re	gistere	d agen	t,
Such change wa	as authorized by resolute board, or the corpora	ion duly adopted b	by its board of directors or fied in writing of the chan	by an offige.	icer so		
	hert Suced		Robert Sneed	d, Secret	агу		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to refle s been notified in writin	istered agent and isions of all statut d accept the oblig ct a change in the g of this change.	agree to act in this capaci es relative to the proper a ation of my position as res registered office address,	ity. nd comple zistered ag I hereby co	te perf gent. C onfirm	orman or if th that th	ce nis ne
Sign	nature of Registered Agent	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date				
If signing on be	half of an entity:						
т.	uned or Printed Name						

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