P1700042514

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	(Requestor's Name)	
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	(City/State/Zip/Phone #	()
☐ ÞICK-L	JP WAIT	MAIL
	(Business Entity Name)
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	(Document Number)	

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Special Instruction	ns to Filing Officer	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO	. :	12000000	00195	
		REFERENCE	Ξ :	548244	7591740	
		AUTHORIZATIO	: V	Jak		
		COST LIMI	Γ :	\$85.0	deman	
ORDER :	DATE :	July 12, 2024				
ORDER '	TIME :	4:22 PM				
ORDER 1	NO. :	548244-010				
CUSTOM	ER NO:	7591740				
		<u>CHANGE OF</u>			· 	
	NAME:	RT FL GIFT (CARDS	S, INC.		
PLEASE		THE FOLLOWING A	AS PF	ROOF OF FI	LING:	
XX	_	STAMPED COPY				

EXAMINER:

CONTACT PERSON: Shauna Godbolt -- EXT#

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or regi	anized under the law	s of the State	of FL		
1. The name of t	he corporation: RT FL GIFT CARDS,	INC.				
	office address:Street MARYVILLE, TN 37801					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 05/11/2017	Document n	umber: P170	000423	314	<u> </u>
	I street address of the current registered tment of State: (If resigned, enter resig		d office on tile	e with th	າຍ	
	CT CORPORATION SYSTEMS				20	
	1200 S. PINE ISLAND ROAD				2024,111, 29	: <u>-</u>
	PLANTATION	FL	33324	<u>:</u>	. 29	- nors
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Corporation Service Company		· -	<u> </u>	67	
	1201 Hays Street					
	POT	3ox NOT acceptable				
	Tallahassee	FL	32301			
The street addre	ss of its registered office and the stree be identical.	et address of the bus	siness office o	of its reg	gistered	agent.
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of d notified in writing o	irectors or by f the change.	an offi	cer so	
/S/ Shawn Lederman		Shawn Led	derman, C	CEO		
I hereby accept I further agree t of my duties, an document is bein corporation has	e of an officer or director the appointment as registered agent of a comply with the provisions of all stated I am familiar with and accept the oring filed merely to reflect a change in been notified in writing of this change. Service Company	md agree to act in t atutes relative to the bligation of my posi the registered office	d or typed name a his capacity. e proper and tion as regist e address, I he		'e perfo ent. Or onfirm t	rmance : if this hát the
By: Drace	Hat he	06/13/2024				
	nature of Registered Agont		Date	-		
If signing on be	half of an entity:					
	Asst. Vice President					
Ту	ped or Printed Name					
	* * * FILING F	FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAH. TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13) 548244-10

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of FL registered agent, or both, in the State of Flori	
	he corporation: RT FL GIFT CARE		
2. The principal			
3. The mailing a	ddress (if different):		
		Document number: P17000042	
	street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file with the signed)	he
	CT CORPORATION SYSTEMS		
	1200 S. PINE ISLAND ROAD		2024, 1111, 2.9
	PLANTATION	FL 33324	를 <u>.</u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			9 137 9: 22
	1201 Hays Street		2
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the s	street address of the business office of its re	gistered agent.
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	lopted by its board of directors or by an offi en notified in writing of the change.	cer so
		Shawn Lederman, CEO	
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of al	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and comple e obligation of my position as registered ag in the registered office address. I hereby co ange.	te performance tent. Or, if this onfirm that the
By: Drace	a_C+Kvbl	06/13/2024	
_		Dak	
	half of an entity:		
	Asst. Vice President ped or Printed Name		
·	•	G FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE