

P99000073294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

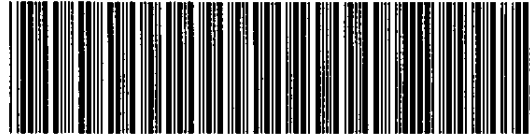
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 7, 2013

RTS OF CAPE CORAL, INC.
1320 ABINGTON CAMBS
LAKE FOREST, IL 60045

SUBJECT: RTS OF CAPE CORAL, INC.
Ref. Number: P99000073294

We have received your document for RTS OF CAPE CORAL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Section 607.0120(4), 617.01201, or 608.4081, Florida Statutes, requires all corporate documents to be typewritten or printed in ink.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 213A00000400

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RTS of Cape Coral Inc.
Name of Corporation

DOCUMENT NUMBER: P 99000073294

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Cirrincione
Name of Contact Person

RTS of Cape Coral Inc.
Firm/Company

5797 Hourbark Circle
Address

Cape Coral FL 33914
City/State and Zip Code

CIRRINCIONE Tom@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Cirrincione at (847) 738-1350
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RTS of Cape Coral Inc.
2. The principal office address: 5797 Harbour Circle
Cape Coral FL 33914
3. The mailing address (if different): 1320 Abington Cams
Lake Forest IL 60045
4. Date of incorporation/qualification: 8/17/99 Document number: P99000073294
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Harvey Rollings
1633 S.E. 47th Ter.
Cape Coral FL 33914

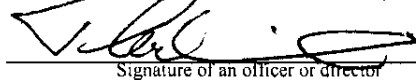
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas Cirrincione
5797 Harbour Circle
P.O. Box NOT acceptable
Cape Coral FL 33914

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Thomas Cirrincione Pres.
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

1/16/13
Date

If signing on behalf of an entity:

Thomas Cirrincione
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)