

B16000000098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

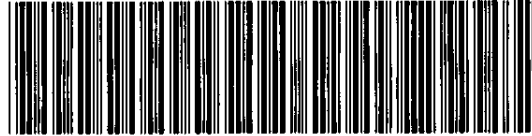
(Business Entity Name)

(Document Number)

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J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 480940 8086872

AUTHORIZATION :

COST LIMIT : \$ 35,000

ORDER DATE : January 26, 2017

ORDER TIME : 9:21 AM

ORDER NO. : 480940-020

CUSTOMER NO: 8086872

CHANGE OF AGENT

NAME: RESIDENTIAL CAPITAL
MANAGEMENT GROUP, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIDENTIAL CAPITAL MANAGEMENT GROUP, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1600000098

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

Please return all correspondence concerning this matter to:

Kevin J DePeter

Contact Person

Residential Capital Management Group, LP

Firm/Company

3525 Piedmont Road, Bldg 7, Suite 700

Address

Atlanta, GA 30305

City, State and Zip Code

kdepeter@resicap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

404

at (978)

2683

Name of Contact Person

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RESIDENTIAL CAPITAL MANAGEMENT GROUP, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/12/16
Date of filing/registration in Florida

3. B16000000098
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Antenucci, Albo J, JR
Name
1940 NE 6th Street
Address
Deerfield Beach FL 33441
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

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 obligations of my position as registered agent.

By: [Signature]
Signature of Registered Agent

Corporation Service Company
Melissa Zender
Asst. Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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DEPARTMENT OF STATE
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