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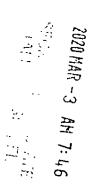
(Requestor's Name)						
(Address)						
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(City/State/Zrp/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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COVER LETTER

TO: Registration Section Division of Corporations	•		
RSM GARDEN CITY LLC SUBJECT:			
	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
LYNNE M MILLER			
Name of Person			
REALTY MANAGEMENT CONSULTANTS INC			
Firm/Company			
4811 S 76TH ST #211			
Address			
GREENFIELD, WI 53220			
City/State and Zip Code			
LMILLER@RMC-INC.COM			
E-mail address: (to be used for future annual report	rt notification)		
For further information concerning this matter, please c	all:		
LYNNE M MILLER 41	14 281-6000		
Name of Person	Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount	:		
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: RSM GARDEN	CITY LI	LC		
2. (a)			(b)	_	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing addre	ess of limited liability company: IY BE POST OFFICE BOX)
	4811 S 76TH ST #211		4811 S 76	TH ST #211	
	GREENFIELD, WI 53220		GREENF	IELD, WI 53	3220
	2/11/2020		L09000061	957	number AR
3.	Date of filing/registration in Florida	 4.		Document	number
5. (a)					1
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flori	da Denti of Stat	-	111
	SUSAN L RIORDAN	,	aa toopii or otal		7. 46
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>55)</u>	_	22
	9754 BENT GRASS BEND				, tu
	NAPLES	34108		_	
	REALTY MANAGEMENT CONSULTANTS INC			_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	_	

	NEW Registered Office Address:			_	
	2780 E FOWLER AVE #2004		_		
	TAMPA , F	L_33612		_	
agent was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited there authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability co of the line e limited	ed office and ompany, it is nited liability	d the busine s hereby con y company o pany.	ss office of the registered
Signa	re of a member or authorized representative of a member		——————————————————————————————————————		ped name of signee
I herel provision the obli to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I import in the registered office address, I import in the registered office address.	ree to ac performed for in hereby c	t in this capa ance of my a Chapter 605, onfirm that t		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Lynne M. Miller Signapre of Registered Agent