## L17000 176658

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SUBJECT:	
Name of	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
LYNNE M MILLER	
Name of Person	
REALTY MANAGEMENT CONSULTANTS INC	
Firm/Company	<del></del>
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 r	report notification)
For further information concerning this matter, plea	ase call:
LYNNE M MILLER	414 281-6000
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 amo	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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. 8	Same of the limited liability company:  SLR/RBS LLC			
2. (a)	)	(	b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	g address of limited liability company: e: MAY BE POST OFFICE BOX)
	4811 S 76TH ST #211		4811 S 76TH ST	#211
	GREENFIELD, WI 53220		GREENFIELD,	WI 53220
	2/11/2020		L17000176658	
3.	Date of filing/registration in Florida	4.	Docu	iment number
5. (a	)			2020 Sec
J. (a	Registered Agent and Registered Office shown on the records SUSAN L RIORDAN	of the Floric	la Dept. of State:	2020 HAR - ( SEC)R ( VALIDE
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u></u> _	, , , , , , , , , , , , , , , , , , ,
	9754 BENT GRASS BEND			
	NAPLES	FL_34108	<del>_</del>	7: 45
(b)	REALTY MANAGEMENT CONSULTANTS INC  Enter name of NEW Registered Agent and/or NEW Register	red Office a	ldress:	
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	2 <b>759</b> E FOWLER AVE #2004			
	ТАМРА	FL_33612		
chang agent was/w the ar	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the Musane M. Mille	he register liability co s of the lin he limited	ed office and the lompany, it is herel nited liability com	business office of the registered by confirmed that the change(s) pany or as otherwise provided in
Sign	Ayane M. Nille attite of a member or authorized representative of a member		Printe	ed or typed name of signee
provis the ob to mei	cby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to ac te perform ded for in I hereby c	t in this capacity. ance of my duties, Chapter 605, F.S. onfirm that the lin	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed nited liability company has been

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

Signature of Registered Agent