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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addressmv@potamkinfamily.com

REGISTERED AGENT CHANGE RMPFLP I, LTD.

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Help

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

| statement of chi | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida. Let to change its registered office or registered agent, or both, in the State of Florida. |
|---|--|
| | the corporation: RMPFLP I, LTD. |
| | I office address: 5800 NW 171st Street |
| 3. The mailing a | address (if different): |
| 4. Date of incorp | poration/qualification: 09/23/1999 Document number: A99000001546 |
| 5. The name and Florida Depar | d street address of the current registered agent and registered office on file with the riment of State; (If resigned, enter resigned) |
| | David Yusko |
| | 5800 NW 171st Street |
| • | Miaroi, Fl 33015 |
| i. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| | NRAI Services, Inc. |
| | 1200 South Pine Island Road |
| | P.O. Box NOT acceptable |
| | Plantation, Florida 33324 |
| The street addresses changed will | ss of its registered office and the street address of the business office of its registered agent, — be identical. |
| _ | is authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change. |
| Joh B | John Rhodes, VP |
| Hereby accept to further agree to further agree to find my duties, and ducument is being corporation has | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been aptified in writing of this change. |
| NRAI Services, | 6/23/2021 |
| Signi | stille of Registered Agent Date |
| If signing on beh | ped or Printed Name |

* * * FILING FEE: \$35,00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEP, FL 32314
CR2E045 (04/13)

By: