F9800000 6436

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

Office Use Only



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COVER LETTER

TO:	Amendment Section Division of Corporations	÷	•	
SUBJI Name	ECT: REALTY MANAGEMENT CONSULTA of Corporation	ANTS INC.		
DOCU	JMENT NUMBER: F98000006436			
The en	closed Statement of Change of Registered O	ffice/Agent and f	fee are submitted for filin	g.
Please	return all correspondence concerning this ma	atter to the follow	ving:	
LYN	NE M MILLER			
Name	of Contact Person			
REAI	TY MANAGEMENT CONSULTANTS INC			
Firm/C	Company			
4811	S 76TH ST #211			
Addre	ss			
GRE	ENFIELD, WI 53220			
City/S	tate and Zip Code			
	LMILLER@RMC-INC.COM			
E-mai	I address: (to be used for future annual re	port notification	n)	
For fu	ther information concerning this matter, plea	ise call:		
LYN	NE M MILLER	at (⁴¹⁴) ²⁸¹⁻⁶⁰⁰⁰ Code & Daytime Telepho	
	Name of Contact Person	Area C	Code & Daytime Telepho	ne Number
Enclos	ed is a \$35.00 check made payable to the De	partment of State	2.	

Street Address:

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	inge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of <u>WISCO</u> r registered agent, or both, in the State of Florida.	NSIN	
1. The name of	the comporation: REALTY MANA	AGEMENT CONSULTANTS INC		
2. The principal	office address: 4811 S 76TH ST #	#211		
GREEN	TELD, WI 53220		·	
_				
4. Date of incor	poration/qualification: NOVEMBI	ER 2, 1977 Document number: F98000006436		
	I street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	SUSAN L RIORDAN			
	9754 BENT GRASS BEND			
	NAPLES, FL 34108		283	. II *
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered office	2820 MAR-3	A CAR LARY OF SIA
	LYNNE M MILLER		P	480. 40 A.
	2780 E FOWLER AVE #2004		3: 2	- S
	TAMPA, FL 33612	P.O. Box NOT acceptable	42	si i
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regis-	tered a	gent,
-		adopted by its board of directors or by an officer seen notified in writing of the change.		
Luna	m mil	LYNNE M MILLER, ASST SECRETAR	Y	
•	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as comply with the provisions of d I am familiar with and accept and filed merely to reflect a change been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and complete p the obligation of my position as registered agent ge in the registered office address, I hereby conf change.	perforn '. Or ìrm tha	nance if this it the
Lynne	m. miller	FEBRUARY 28, 2020		
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
LYNNE M MII	LER			
T	sped or Printed Name	_		

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