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## REGISTERED AGENT CHANGE

RMT ACQUISITION COMPANY, LLC

Certificate of Status	0
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Page Count	02
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SEP 1 0 2009

**EXAMINER** 

9/9/2009

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: RMT ACQUI	SITION COMPANY, LLC	
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	•	<b>D</b>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	500 WOODWARD AVE STE 2500 DETROIT MI 48226	0
9/15/2004 3. Date of filing/registration in Florida	L04000067733 4. Document number	
5. (a) Registered Agent and Registered Office shown on		
Registered Agent:	A.G.C. CO.	ដ
Registered Office Address:	200 S. ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801	13 13
(b) Enter name of NEW Registered Agent and/or NE	EW Registered Office address:	200
NEW Registered Agent:	C T Corporation System	38 6
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road	6- d3
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles a limited liability company.	laws of the State of Florida, it is hereby confirm the address of the registered office and the makine case of a Florida limited liability company is	ab,
(Angulature of a momber or authorized representative of a member)		
Onathon S. Berg (Printed or typed name of signed)	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the praim familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifie	ogree to act in this capacity. I further agree to roper and complete performance of my dufies, ar narregistered agent as provided for in Chapter change in the registered office address, I hereby d in writing of this change.	nd / 608, ,
By: Carlasa Cource	Barbara A. Burke ecial Assistant Secretary	

Division of Corporations, P.O. Box 6327, Tallabassee, FL 32314 FILING FEE: \$25,00

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