10500004418

(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:		
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DEPARTMENT OF STATE



ACCOUNT NO. : 12000000195			
REFERENCE : 385875 7385507			
AUTHORIZATION : Spelle le man			
COST LIMIT : \$ 25.00			
ORDER DATE : October 18, 2012			
ORDER TIME : 4:01 PM			
ORDER NO. : 385875-019			
CUSTOMER NO: 7385507			
CHANGE OF AGENT			
NAME: RREMC III LLC			
HAM. KILITO III IIIO			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Stephanie Milnes EXT# 52920			
EXAMINED.			

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: RREMC III	LLC	· · · · · · · · · · · · · · · · · · ·	
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 1750 N Florida Mango Road Suite 103	[
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-West Palm-Beach, FL 33409	<u> </u>	
	1750 N Florida Mango Road		
	Suite 103		
	West Palm Beach, FL 33409	·	
01/13/2005	L05000004418		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept	. of State:	
Registered Agent:	Mapes, Paul		
Registered Office Address:	1601 Belvedere - Suite 407 South		
Translation Oxford Paragraphic	West Palm Beach, FL 33406		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Corporation Service Company		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
	Tallahassee	,FL_32301	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorize liability company or as otherwise provided in the article limited liability company.	reet address of the registered office e case of a Florida limited liability d by an affirmative vote of the mo	ce and the business y company, it is embers of the limited	
(Signature of a member or authorized representative of a member)		DS ₹ MI	
/ Id- Mets-			
(Printed or typed name of signee) (Printed or typed name of signee)	<u>nta</u> tive	ED MH IO: 39 OF STATE OF STATE	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notif	d agree to act in this capacity. I j proper and complete performanc on as registered agent as provide a change in the registered office fied in writing of this change.	further agree to e of my duties, and I d for in Chapter 608 address, I hereby	

(Signature of Registered Agent) Corporation Service Company Sylvia Queppet, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00