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COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: RMD INVEST MENTS (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
RICHISKS M DRASS (Name of Person)	07 JAN 19 SECRETAR) TALLAHASS
(Firm/Company) 47 99 Handing Moss La (Address)	19 PH 4: 36 ARY OF STATE ASSEE FLORIDA
SALAS PAA FL 34238 (City/State and Zip Code)	
For further information concerning this matter, positive of Person)	lease call: (941) 735 - 9977 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. The name of the limited liability company is: <u>RMD</u>	INVESTMENTS LLC
2. The mailing address of the limited liability company is: _	4799 HANGING MOSS LANE
Sp	MASOTA, FL 34238
4/04/2005	L05000033600
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: CORPORATION SERVICE Name 1201 Address Address City, State and Zi 6. The name and address of the new registered agent and/or of the content of the c	Company OFFICE: OFF
Florida street address (P.O. Box I SALASOTA FL 39 City, State and Zip	NOT acceptable)
City, State and Zip	
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)