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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 Address: dmv@potamkinfamily.com

## LLC REGISTERED AGENT CHANGE RMP GAMING, LLC

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Standes, 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. Na	one of the limited liability company: RMP Gaming, LLC	: 				<del></del>	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5800 NW 171st Street	_ (	5800 N	Mailing address of limited in (Nats: MAY BE POST (		;	
	Miami, FL 33015	- -	Miami	, FL 33015			
	12/16/2005		L05000	120062			
3. 5. (a)	Date of filing/registration in Florida  Dave Yusko	4.		Document number			
· (-)	Registered Agent and Registered Office shown on the records of the	Florid	Dept. of	State:			
	Registered Office Address OMUST RE FLORIDA STREET AD 5800 NW 171st Street	DRES	<u> </u>	. <del></del>		2021	
	Miami FL 33	3015		<del></del>	**************************************	J.	
	NRAI Services, Inc.		· <u>-</u>	<del></del>	HASSE	JUN 25	
(ъ)	Enter name of NEW Registered Agent and/or NEW Registered Of	Okce ad	dress:	_	E FLOR	AM 10:	
	NEW Registered Office Address:			<del></del>		42	
	1200 South Pine Island Road						
	Plantation FL 33	324		_			
e chan cut wi as/wer	nited liability company is not organized under the laws ge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the sof organization or the operating agreement of the limited.	e regis lity co he lim nited l	tered off mpany, i ited liabi lability c	ice and the business office t is hereby confirmed that lity company or as otherw	of the regist	ered	
Signation	re of a member or suthorized representative of a member	John	Rhodes	Printed or typed name of sig			
hereby rovision e oblig mereh	accept the appointment as registered agent and agree as of all statutes relative to the proper and complete per sations of my position as registered agent as provided for reflect a change in the registered office address, I her myriting of this change.  NRAI Services, Inc.	to act rforma or in C eby co	in this co ince of m hapter 6 infirm the			the cept led	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

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