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Office Use Only



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COVER LETTER

	tion Section of Corporations		•
	SR LC		
		imited Lial	pility Company
Dear Sir or Mada	am:		
The enclosed Re	gistered Agent/Registered Office Ch	ange and fe	e(s) are submitted for filing.
Please return all	correspondence concerning this matt	er to the fol	llowing:
LYNNE M MILL	ER		
	Name of Person		-
REALTY MANA	GEMENT CONSULTANTS INC		
	Firm/Company		-
4811 S 76TH ST #	2 211		
	Address		•
GREENFIELD, W	/1 53220		
	City/State and Zip Code		•
LMILLER@RMC	-INC.COM		
E-mail add	ress: (to be used for future annual rep	ort notifica	tion)
For further inform	mation concerning this matter, please	call:	
LYNNE M MILL	ER at (414	281-6000
}	Name of Person		Area Code & Daytime Telephone Number
Registra Divisior P.O. Bo	Address: ation Section a of Corporations at 6327 asee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	l is a check for the following amou	nt:	
□ \$25 Fi	iling 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 605.0114 or 605.0116, 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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4811 S 76TH ST #211		4811 S 761	TH ST #211
	GREENFIELD, WI 53220		GREENFI	ELD, WI 53220
	2/11/2020	1	_060000129	11
i. i. (a)	Date of filing/registration in Florida	4.		Document number 2020 HAR
. (a)	Registered Agent and Registered Office shown on the records of		Dept. of State	
	SUSAN L RIORDAN		,	- 3 L
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	9754 BENT GRASS BEND			7:15
				to the state of th
	NAPLES , F	L		THE GO
(b)	REALTY MANAGEMENT CONSULTANTS INC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L	ress:	· · · · · · · · · · · · · · · · · · ·
(b)	REALTY MANAGEMENT CONSULTANTS INC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L	ress:	THE COL
(b)	REALTY MANAGEMENT CONSULTANTS INC	L	ress:	· ·
(b)	REALTY MANAGEMENT CONSULTANTS INC Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	L	ress:	The state of the s
the l hange gent v ras/we ne arti	REALTY MANAGEMENT CONSULTANTS INC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address: 2780 E FOWLER AVE #2004	d Office add 233612 ws of the Se registered ability conformed the limited lia	State of Flo I office and apany, it is	rida, it is hereby confirmed that after the latter the business office of the registered hereby confirmed that the change(s) are company or as otherwise provided in pany.

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

Signature of Registered Agent