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(Requestor's Name)	
RW M cloternational	
153 Clear Brook Trail Douglasville, La 30/34	1
_ Douglasville, Da 30/34	1
(6) (0)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	<u> </u>
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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J. BRYAN

MAR 2 0 2008

**EXAMINER** 

## 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: RWM-International, LLC	
2. The maili	ng address of the limited liability company is: 15.3 Clear Brook Trail	·
	Douglasville, Ga. 30134	
	106 L0600012950 Ling/registration in Florida 4. Document number	
3. Date of fi	ling/registration in Florida 4. Document number	
	of the registered agent and the registered office address as shown on the records of the epartment of State:	
;	Jurioski, Kevin F. Esq. Name	
:	7800 University Pointe Drive, Suite 200 Address	
:	Ft. Myerg Fl 33907  'City, State and Zip  and address of the new registered agent and/or office:	232
6. The name	and address of the new registered agent and/or office:	RETA.
,	125 SE 12th Que	37.0F.STATI
	Florida street address (P.O. Box NOT acceptable)  Cape Coral FL 33990  City, State and Zip	ONS.
confirmed the and the busing liability come of the member	liability company is not organized under the laws of the State of Florida, it is hereby at after the change or changes are made, the Florida street address of the registered office ness office of the registered agent will be identical. Or, in the case of a Florida limited pany, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote pers of the limited liability company or as otherwise provided in the articles of organization agreement of the limited liability company.	e n
(Signassort in	nemittee of all for its contractive of a member)	
Richar (Printed or typed	dw. Moratto	
	rept the appointment as registered agent and agree to act in this capacity. I further agree the provisions of all statules relative to the proper and complete performance of my duties illiar with and accept the obligations of my position as registered agent as provided for in F.S. Or, if this document is being filed to merely reflect a change in the registered office reby confirm that the limited liability company has been notified in writing of this change.	to ',
(Signature of Re	gistered Agent)	
	Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	