

L08 000 000743

(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:

Office Use Only



500357455905

01/08/21--01018--001 **25.00

Rc/chg

FEB 15 2021

HALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMA Recruitment, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Adler

Name of Person

RMA Recruitment, LLC

Firm/Company

360 S. Dixie Highway, Suite 320

Address - *NEW*

Orlando, Florida 33146

City/State and Zip Code

ra@robertmadler.biz

E-mail address: (to be used for future annual report notification)

If further information concerning this matter, please call:

Robert M. Adler

954

933-1804

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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 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.

1. Name of the limited liability company: RMA Recruitment, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

16 Sunset Lane
Pompano Beach, Florida 33062

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

16 Sunset Lane
Pompano Beach, Florida 33062

January 3, 2008
3. Date of filing/registration in Florida

1.08000000743
4. Document number

5. (a) Robert M. Adler
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
16 Sunset Lane
Pompano Beach, FL 33062

(b) Robert M. Adler
Enter name of NEW Registered Agent and/or NEW Registered Office address:

★ NEW Registered Office Address:
1360 S. Dixie Highway, Suite 320
Coral Gables, FL 33146

he limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Robert M. Adler
Printed or typed name of signer

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 605, F.S. Or, if this document is being filed merely to 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