L09000121153

(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						
J. HORNE						
JUN - 9 2022						
<u>.</u>						

Office Use Only



300388440123



2022 JUN -8 PH 12: 09



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: June 0	8, 2022		Account#: I20000000088
Name: James			
Reference #:	1684254		
Entity Name:	RMI MANA	GEMENT I LLC	
Articles of Incorp	oration/Authoriz	zation to Transact Busi	ness
Amendment			
Change of Agen	t		
Reinstatement			
Conversion			
☐ Merger			
☐ Dissolution/With	drawal		
☐ Fictitous Name			
Other			
Authorized Amount	÷25.0	00	
	2	6	

+1.212.947.7209

Signature:

+44 (0)20.3786.1090

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. N	ame of the limited liability company: RMI MANAG	EMEN	TILLC					
2. (a)	2600 W. Caranina Placa Suita 100		(b) 2600 W. Geronimo Place Suite 100					
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Chandler, AZ 85224		Chandle	r, AZ 85224				
		_						
,	June 1, 2011	_						
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)				_				
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	e:				
	801 US HIGHWAY 1	·~		_				
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>						
	NORTH PALM BEACH, FI	33408		-				
(b)	COGENCY GLOBAL INC.							
(%)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office add	ress:	-	SECF	- NOC 2202		
	115 North Calhoun St., Suite 4			_	AE IA	E	1	
	NEW Registered Office Address:				RY OF	α		
				-		PM 12:	D	
	Tallahassee , FL	32301		_		=		
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regis pility co the lim	tered office mpany, it is ted liability	e and the business of s hereby confirmed y company or as off	office o that th	f the r e chai	registered ige(s)	
/s/ K	ara Childress	Kara	Childress	S				
Signa	iture of a member or authorized representative of a member			Printed or typed name	of signe	ec		
provis the ob to mer notific	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address, I had in writing of this change.	e to act verforma for in C vreby co	in this cape ince of my c hapter 605 nfirm that	acity. 1 further agr duties, and 1 am far 5, F.S. Or. if this do the limited liability	ee to co niliar v veumen compa	omply vith a et is be my ha	with the nd accept ing filed s been	
7S/ T	imothy Mayville							

FILING FEE: \$25.00 48HS18 (2/14)

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date:	June 08	3, 2022		Account#: 120000000088
	James E			
	ce #:			
			GEMENT I LLC	_
☐ Articl	es of Incorp	oration/Authoria	zation to Transact Busine:	SS
Ame	ndment			
✓ Char	nge of Agent			
Rein	statement			
☐ Conv	version			
☐ Merg	er			
Disso	olution/Witho	frawal		
☐ Fictite	ous Name			
Othe	r			
Authoriz	ed Amount:	\$25.0	00	
Signatur	re:			