L0900121313

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Daniel Markey)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
J. HORNE					
JUN - 9 2022					





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FILED AM 12:23



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

Account#: I20000000088 June 08, 2022 Date:__ James Brodbeck Name:_ 1684254 Reference #:____ RMI MANAGEMENT II LLC Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name J Other Authorized Amount:

-1.212.947.7200

Signature:

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.	Na	me of the limited liability company:RMI_MANAG	EMEN	TILLC
2	(a)	2600 W. Geronimo Place Suite 100	(b) 2600 W. Geronimo Place Suite 100	
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (**.	Mailing address of limited liability company: **ENOTE: MAY BE POST OFFICE BOX**)
		Chandler, AZ 85224	_	Chandler, AZ 85224
			_	
		January 1, 2010	_	L09000121373
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	CORPORATE CREATIONS NETWORK INC.	•	
** -	()	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:
		801 US HIGHWAY 1		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		NORTH PALM BEACH, FL	33408	
	(b)	COGENCY GLOBAL INC.		SECRETARY VLLAHASSE
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress:
		115 North Calhoun St., Suite 4		·
		NEW Registered Office Address:		FA 12: 23
		Tallahassee	32301	
the age wa the	cha int w s/we arti	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liance.	he regis pility co the limi mited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to	wisie obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address, I he I'm writing of this change.	e to act erforma for in C reby co	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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

Timothy Mayville, Assistant Secretary

/s/ Timothy Mayville Signature of Registered Agent