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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 3, 2016

Order#: 118127/008

Re: RDMM PROPERTIES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: RDMM PROPER	TIES, LI	.c		
2	(a)	1401 Brickell Avenue, Suite 530	(b) 1401 Brickell Avenue, Suite 530		e, Suite 530	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Miami FL 33131	_	Miami	FL	33131
		01/08/2010	-	L100000	02680	
3.		Date of filing/registration in Florida	4.		Document no	umber
5.	(a)	Mattoni Holdings				
	. ,	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of Star	te:	
1401 Brickell Avenue						 .
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					5
		Suite 530			_	
		Miami, FL_	33131		_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	ess:	-	7:3
		1201 Hays Street				\$ P.
		NEW Registered Office Address:			_	
					_	
			32301		_	
the age	chai ent w s/ y/e	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab we authorized by an affirmative vote of the members of the of organization or the operating agreement of the liab	he regist pility con the limit	ered offic ipany, it i ed liabilit	e and the busi is hereby conf ty company or	ness office of the registered irmed that the change(s)
		Xel & Whee	Jill Ci	lmi, Autho	orized Person	
	7	ure of a member or authorized representative of a member			• •	d name of signee
pro the to i	ovisio obli nere	y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act i erforma for in Cl ereby con	n this cap ace of my apter 60. afirm that	pacity. I furthe duties, and I o 5, F.S. Or, if t the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been
	X)vc	ee t-Kuby	n ~	<u>.</u>		
Sig	natur	e of Registered Agent Corporation Service Company	BY: Gra	ice E. Ki	rby, Asst. Vi	ce President

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