## L100057799

(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				

Office Use Only



500388440105

2022 JUN -8 PM 12: 09

GI ZING OF HIT ZING



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

Account#: 120000000088

Date:June 08, 2022	Account#: 120000000088
Name: James Brodbeck	
Reference #:1684254	
Entity Name: RMI MANAGEMENT III	LLC
☐ Articles of Incorporation/Authorization to Tran	sact Business
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00	
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

I. Na	ame of the limited liability company:RMI MANA	GEMENT	IT III LLC
2. (a)	2600 W. Geronimo Place Suite 100	(b)	2600 W. Geronimo Place Suite 100
(,	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		Chandler, AZ 85224
	June 1, 2011		L11000057799
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATE CREATIONS NETWORK IN	IC.	
(41)	Registered Agent and Registered Office shown on the records of	f the Florida I	i Dept. of State:
	801 US HIGHWAY 1		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>
			<b>202</b> SE TAL
	NORTH PALM BEACH . F	<sub>L_</sub> 33408	
(b)	COGENCY GLOBAL INC.		SSECTION AND SECTION AND SECTI
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	dress:
	115 North Calhoun St., Suite 4		PH D D
	NEW Registered Office Address:		
	Tallahassee p	1. 32301	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registoniability control  of the limit	stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/s/ Ka	ara Childress	Kara (	Childress
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	gree to act is a performan ed for in Ch hereby con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
	mothy Mayville		
Signatu	ic of Registered Agent		

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)