L11000057819

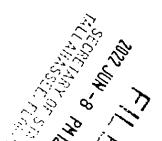
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	J. HORI	NE
	JUN - 9 2	2022

Office Use Only



800388440098







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

Date: June 0	18 , 2022		Account#. 120000000000
Name:James	Brodbeck		
Reference #:			
Entity Name:	RMI MANAG	SEMENT IV LLC	_
Articles of Incor	poration/Authoriz	zation to Transact Busine	ss
Amendment			
✓ Change of Ager	nt		
Reinstatement			
Conversion			
Merger			
☐ Dissolution/With	ıdrawal		
Fictitous Name			
Other			
Authorized Amount	\$25.0	00 L	
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.

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	<u>— CI</u>	nandler, AZ 85224
June 1, 2011		L11000057819
Date of filing/registration in Florida	4,	Document number
(a) CORPORATE CREATIONS NETWORK IN	IC.	
Registered Agent and Registered Office shown on the records o	of the Florida Dep	nt, of State;
801 US HIGHWAY 1		
Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
NORTH PALM BEACH F	33408	
(b) COGENCY GLOBAL INC.		RECRETA
Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	
115 North Calhoun St., Suite 4		SET -8
NEW Registered Office Address:		FD PHI2:24
Tallahassee	. _{L.} 32301	24
the limited liability company is not organized under the lands or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited solvers authorized by an affirmative vote of the members articles of organization or the operating agreement of the Kara Childress	aws of the Statof the registered liability compared the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. hildress
ignature of a member or authorized representative of a member		Printed or typed name of signee

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Timothy Mayville
Signature of Registered Agent



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

Account#: 120000000088 June 08, 2022 Date:_ **James Brodbeck** Name:_ 1684254 Reference #:__ RMI MANAGEMENT IV LLC Entity Name: Amendment ✓ Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitous Name ____ Other _____

Authorized Amount:

\$25.00

Signature:

-1.212.947.7200

+44 (0)20.3786.1090