L14000060097

(Re	equestor's Name)				
(Ac	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bı	usiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



400294645064

17 JAH 26 PH 4: 17

FILED
25 A 8 53

S Warren JAN 27 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000195				
REFERENCE	:					
AUTHORIZATION	:	Spellenan				
COST LIMIT	:	\$ 25.00				
ORDER DATE : January 26, 2017						
ORDER TIME : 3:06 PM		·				
ORDER NO. : 480940-010						
CUSTOMER NO: 8086872						
CHANGE OF AGENT						
NAME: RCM REALTY, L	ıLC					
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	PR	OOF OF FILING:				

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

COVER LETTER

Division of Corporations		
RCM REALTY, LLC SUBJECT:		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this made	tter to the following:	
Kevin J DePeter		
Name of Person		
Residential Capital Management Group, LP		
Firm/Company		
3525 Piedmont Road, Bldg 7, Suite 700		
Address		
Atlanta, GA 30305		
City/State and Zip Code		
kdepeter@resicap.com		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please	se call:	
Kevin DePeter	404 978-2683	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amo	unt:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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.

2. (a)		(b)	3525 Pi	edmont Road	d,Bldg	7, Suit	e 700
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• • • • • • • • • • • • • • • • • • • •		failing address ((Note: MAY)			
	3525 Piedmont Road, Bldg 7, Suite 700		Atlanta, G	A 30305			
	Atlanta, GA 30305				<u> </u>		· · · · · · · · · · · · · · · · · · ·
	4/11/14	and the second s	L1400000	60097			
.	Date of filing/registration in Florida	4.		Document no	ımber		
. (a)	Antenucci, Albo J, JR						
	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State	:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
	1940 NE 6TH STREET						
	DEERFIELD BEACH	L3344	1				
ΛL\	Corporation Service Company			; ; *;		2011	webe
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	res:		ar izó Li mi Er i s		
					7 TO 1	<u>د</u> ه دن	paparis deliber v gave-re-region v
	1201 Hays Street			•		Þ	ITI
	NEW Registered Office Address:				STATE	\ 8: 53	0
	Tallahassee	FL 32301			-	••	
he chi igent vas/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the control of the cont	of the regis liability con s of the limi ac limited li	ered office mpany, it is ted liability	and the busi hereby conf company or pany.	ness o irmed	ffice of	f the registe e change(s)
iic ku	1 un Vilita	1101					
	ature of a member or authorized representative of a member	1001		Printed or type	d name	of signo	c
Signa I here provis he ob	sture of a member or authorized representative of a member or by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act	in this cap	ocity. I furth	er avri	ee to co	amnly with
Signa here provis he ob	by accept the appointment as registered agent and a ions of all statules relative to the proper and comple ligations of my position as registered agent as provi elv reflect a change in the registered office address.	gree to act le performa led for in C I hereby co	in this cap	ncity. I furth luties, and I F.S. Or, if the limited lid	er avri	ee to co	amnly with

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