14000075422

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COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	RMTM Production LLC Name of Limited Liability Company					
SUBJECT.						
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the	e following:			
Christophe	er H. Henderson, Esq.					
,	Name of Person					
McIntyre &	& Henderson, PLLC					
	Firm/Company					
2950 Halo	yon Lane, Unit 702-A					
	Address					
Jacksonvi	lle, Florida 32223					
	City/State and Zip Code					
chh@mcir	ntyrehenderson.com					
E-mail	address: (to be used for future and	nual report not	tification)			
For further i	information concerning this matter	, please call:				
Christopho	er H. Henderson	904	, 294-6548			
	Name of Person	e+ \	Area Code & Daytime Telephone Number			
STI	REET/COURIER ADDRESS:	N	MAILING ADDRESS:			
	istration Section		Registration Section			
	ision of Corporations		Division of Corporations			
Clif	ton Building		P.O. Box 6327			
266	1 Executive Center Circle	Т	Fallahassee, Florida 32314			
Tall	lahassee, Florida 32301		,			
Enc	closed is a check for the following	; amount:	,			
☑ \$	25 Filing Fee	-	\$55 Filing Fee & Certified Copy			
INHS18 (2/1-	4)					

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	ame of the limited liability company: RMTM Prod	uction L	LC 				
	(a)			o)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ľ	Mailing address of lir (Note: MAY BE P		-	
		4221 Baymeadows Rd		4221 Ba	ymeadows Rd]		_
		Jacksonville, Florida 32217		Jackson	ville, Florida 3	2217		
		05/08/2014		L1400007	75422			
3.		Date of filing/registration in Florida	4.		Document numb	er		
5.	(a)	Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc.	of the Florida	a Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	5)	-			
		13302 Winding Oaks Court, Suite A						
		Tampa , F	L33612		-	TATE SE	<u></u>	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered			-	CREDAY	HAY 18	Tanggarage
		Timothy McCormick				E S	PH 12:	
		NEW Registered Office Address:	-,-		-	STATE FLORID	N	***
		12132 Cattail Drive W.			-) 	Ν.	
		Jacksonville, F	_L 32223		_			
th ag wa	e cha ent v is/w	imited 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 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regi liability co of the lin	stered office ompany, it is nited liabilit	e and the business s hereby confirme y company or as	s office o	of the i	registered nge(s)
•	Tn	nothin McCornick	Tin	nothy McC	Cormick			
_	Signa	ture of a member or authorized representative of a member			Printed or typed na	me of sign	ee	
pr the to no	ovisi e obi mer tifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to ac te perform led for in I hereby c	t in this cape ance of my Chapter 605 onfirm that	acity. I further a duties, and I am j 5, F.S. Or, if this the limited liabili	gree to c familiar docume ity comp	omply with a nt is be any ha	with the nd accept zing filed is been
Si	gnatu	mothy McCormick						