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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RBM Equity (Name of Limi	TROUD LLC ted Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter t	o the following:			
Susan Jaciuk Name of Person				
KBM Equity TROY) LLC			
485 E South Street				
Jackson WI 492 City/State and Zip Code	403			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Susan Jacine 11, 517, 783-2646				
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

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 mmac	· ·		\sim	
I. Na	me of the limited liability company:KBM	s Eguit	y (-Rouple	
2. (a)		(b)		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liabili (Note: MAY BE POST OFF	
	1705 S OCEAN BIND		1705 S Ocean	BIVL
	Del Rity Beach, Fl 33483		elvery Boach, f	-13348
•	12/1/14		L14000183751	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Richard Applegate			
	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of St	late:	
	659 Bora Marlina	Court	<u>-</u>	
	Registered Office Address	DDRESS)	<i>5</i>	-4
				6
	R 0 0 1			<u> </u>
•	DOCA KATON FL	33487		5 -
(h)	Richard Appleaate		(<u>n</u> C)	<u> </u>
(17)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:		
			<u> </u>	ig Pr
	_ 1705 S OCEAN BOWLES	vacd	> _	
	NEW Registered Office Address:			
	~ 1			
	Del Ray Deach, FL	33483		
10 (1.5.3)				ad these of the
the char	nited liability company is not organized under the laws age or changes are made, the Florida street address of the	for the state of r he registered offi	ice and the business office o	f the registered
agent w	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	sility company, it	t is hereby confirmed that th	e change(s)
the artic	les of organization or the operating agreement of the lin	mited liability co	ompany s	
		'IXIC	Printed or typed name of signs	<i>late</i>
Signati	fe of a member or authorized representative of a member	 ;	Printed or typed name of signe	<u> </u>
provisió the oblig to mere	v accept the appointment as registered agent and agree us of all statutes relative to the proper and complete po- gations of my position as registered agent as provided j ly reflect a change in the registered office address, I he in writing of this change,	to act in this ca erformance of m for in Chapter 60 reby confirm tha	pacity. I further agree to co v duties, and I am familiar v 05, F.S. Or, if this documen u the limited liability compa	omply with the with and accept tis being filed iny has been

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

Signature of Registered Agent