Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000421292 3)))



H230004212923ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	To:	
	Division of Corporations	
	Fax Number : (850)617-6383	
	From:	
	Account Name : REGISTERED AGENT SOLUTIONS	INC
	Account Number : I20100000062	
	Phone : (888)705-7274	
	Fax Number : (888)706-7274	
34	DOORS SAA	
11 AM 10: 34	Section of the email address for this business entity to section annual report mailings. Enter only one email address:	

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

€.

D_3 12 -- 1

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	sistration Section ision of Corporations						
SUBJECT:	RMLMBR LLC						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.				
Please retur	n all correspondence concernin	g this matter to	the following:				
Mary Castill	o						
	Name of Person						
Registered A	gent Solutions, Inc.						
	Firm/Company		····				
Corporate Co	enter One, 5301 Southwest Pkwy,	Stc 400					
	Address						
Austin, TX 7	78735						
	City/State and Zip Coo	de					
É-mai	address: (to be used for future	annual report n	otification)				
For further i	nformation concerning this ma	tter, please call:					
Mary Castill	0		705-7274				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.C	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the follow	ving amount:					
a s	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.

I. Na	me of the limited liability company: RMLMBR LLC				
2. (a)	4942 S LE JEUNE ROAD	(b) 4942 S LE)
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(", <u></u>	-	f limited liability company: E POST OFFICE BOX)
	CORAL GABLES, FL 33146	_	CORAL	GABLES, FL 33	146
	1/11/2018	_	L1800001	0073	
3. 5. (a)	Date of filing/registration in Florida CF REGISTERED AGENT, INC.	4.		Document nui	niber
/. (u)	Registered Agent and Registered Office shown on the records of the 100 S. Ashley Drive	he Flor	ida Dept. of St	ate:	~)
	Registered Office Address (MUST BE FLORIDA STREET A Suite 400	DDRE	<u>:SS)</u>		23
	Tampa . FL	33602			-
(b)	Registered Agent Solutions, Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (2894 Remington Green Ln.	Office	address:		15
	NEW Registered Office Address:				
	Ste. A		. <u> </u>	_	
	Tallahassee , FL_	32308	· · · · · · · · · · · · · · · · · · ·		
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	regist bility f the l	ered office a company, it imited liabil	nd the business is hereby confir ity company or a	office of the registered med that the change(s)
ls)	Eduardo Lins	E	duardo Lins	A	authorized Signer
	ture of a member or authorized representative of a member	_		Printed or typed	name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to a perfor for it ereby	ict in this cap mance of my 1 Chapter 60 confirm tha	pacity. I further duties, and I ar 15, F.S. Or, if th the limited liab	agree to comply with the n familiar with and accept is document is being filed ility company has been

Signature of Registered Agent

Mackenzie Hibler, Asst. Secretary