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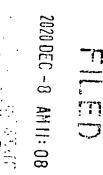
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: RMD ENTERPRISES Name of Limited Lia	LLC ability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
RIANNA DUNAR Name of Person	_			
PMD ENTERPRISES LLC Firm/Company	_			
4544 9th Ave N Address				
St. Rotersburg, FL 33713 City/State and Zip Code	_ ·			
E-mail address: (to be used for future annual report notific	ation)			
For further information concerning this matter, please call:				
RAMA DUMAR at 814 Name of Person	Nea Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee □ \$55	5 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.

l. Na	ame of the limited liability company: RMD ENTERDRISES ILC		
2 (a)	4544 9th Ave N (b) 4544 9th Ave N		
(/	Principal office address of limited liability company: Mailing address of limited liability		
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE C L D at a C C C C C C C C C C C C C C C C C	<u>r 80.0</u> 71	117
	ST. PEURSDUG, FL) ST. FUGESDUG, FL	5)1	12
	Time 26 2019 1 18000207960		
3.	Date of filing/registration in Florida 4. Document number		
5. (a)	united States Corporation Agents, INC.		
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	13302 Winding Cak (over	2(
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2020 DE	778 AZ
	<u> </u>)EC	
	TAMPA .FL 33612	8-	p -
(h)	RIANNA NUNAR		- T
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	=	في
	Way oth An N Strateg Line 17	80	
	NEW Registered Office Address:		
	J		
	fl_33713_		
If the I	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed	that af	ter the
change	e or changes are made, the Florida street address of the registered office and the business office of the rewill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the	egister	ed
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise particles of organization or the operating agreement of the limited liability company.	provide	d in
the art	RIANNA DUNAR		
Signa	ature of a member or authorized representative of a member Printed or typed name of signee		
l here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to com- tions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit	iply wii h and c	th the
the obt	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document i rely reflect a change in the registered office address, I hereby confirm that the limited liability company	s being Thas b	filed een
notifie	d'in writing of this change.		
Signati	ure of Registered Agent		