## L19000017500

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
	╝					

Office Use Only



700374616327

10/13/21--01023--003 \*\*25.00

ACT 00. 13 ASTR 54

OCT 25 2021

## **COVER LETTER**

Division of Corporations	
RMD HOLDINGS, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
RICHARD DELISSER	
Name of Person	
Firm/Company	
P.O. BOX 9319	
Address	
CORAL SPRINGS, FL 33075	
City/State and Zip Code	<del></del>
Info@rmdholdingsllc.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Richard Delisser 95	281-8650
Name of Person	Area 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 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.

1. Na	ame of the limited liability company: RMD HOLDINGS	S, LLC		. <u>.</u> _
2. (a)		(b)		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ``	Mailing add	ress of limited liability company: AY BE POST OFFICE BOX)
	221 N 44 STREETOAKLAND PARK, FL 33334		P.O. Box 9319 CORA	AL SPRINGS, FL 33075
2	Date of filing/registration in Florida	 	Documen	nt number
3. 5. (a)	Sentember 10, 2021	₹.	Documen	n namoer
ω. (u)	Registered Agent and Registered Office shown on the records of t RICHARD DELISSER	he Florida D	ept. of State:	
	Registered Office Address  221 NE 44 STREET	(DDRESS)		
	OAKLAND PARK, FL	33334		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u> </u>	<del>1</del> 00 -
	MARK GOLDSTEIN			ි. ක E
	NEW Registered Office Address:	_		manus manus * *
	1835 NE MIAMI GARDENS DRIVE., SUITE 211			ch Q
	MIAMI, , FL	33179		
change agent v was/we the arti	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 lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the late of a member or authorized representative of a member	vs of the St registered ibility com f the limite limited lial	office and the busing pany, it is hereby conditionally company bility company.  I Delisser	ness office of the registered onfirmed that the change(s)
There provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in performan I for in Cha pereby conj	this capacity. I fuse of my duties, and upter 605, F.S. Or, irm that the limited	rther agree to comply with the d I am familiar with and accept , if this document is being filed d liability company has been
	/S/ Mark Goldstein			
Signatu	pre of Registered Agent			