619000277100

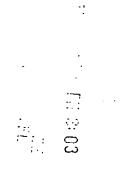
(Re	questor's Name)	
/A al	dress)	
(Au	alessi	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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03/22/24

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	Resource Management 1098, LL	C					
SOBJECT.	Name of Limited Liability Company						
Dear Sir or l	Madam:						
The enclose	d Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.				
Please return	n all correspondence concerning	this matter to the	following:				
Kylie Conrac	1 & Kayla King						
	Name of Person		-				
Corp1, Inc.				21			
	Firm/Company						
7700 E Arap	ahoe Rd Ste 220						
	Address			<u>:</u> Ç			
Centennial, C	Ю 80112						
	City/State and Zip Cod	e					
E-mai	address: (to be used for future	annual report notif	ication)				
For further i	information concerning this mat	ter, please call:					
Kylie Conrac	<u>.</u>	720 at (823-9273				
	Name of Person	(Area Code & Daytime Telephone	Number			
Reg Div P.O	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		10				
Enc	closed is a check for the follow	ing 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.

l. N	ame of the limited liability company: Resource Mana	igement 109	98, LLC		
2. (a)	2770 S.W. 121 Avenue	(b) 2770 S.W. 121 Avenue			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	
	DAVIE, FL 33330		DAVIE, F	1, 33330	
	11/08/2019		L19000279	100	
3. 5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	of the Florid	a Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>	_	
	TALLAHASSEE, FL.	FL_32301-2	2525	_	so.
(b)	Registered Agents Inc			_	:
(-,	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	ldress:		
	7901 4th St N	_		_	T0
	NEW Registered Office Address: Ste 300			- ; - ; - ;	S: 03
	St. Petersburg	FL		_	
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the content of the co	he register liability co s of the lin	ed office ar ompany, it i nited liabili	nd the business offices is hereby confirmed ty company or as of	that the change(s)
	√ PAUL RODRIGUEZ	PA	UL RODRIC		
I here provis the ob- to mer	ature of a member or authorized representative of a member by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	igree to ac ite perform ded for in (I hereby c	t in this cap ance of my Chapter 60, onfirm that	Printed or typed name of the control of the control of the control of the control of the limited liability.	ee to comply with the
/s/ D	avid Roberts				
Signat	ure of Registered Agent				