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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Ad	idress:		
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## LLC REGISTERED AGENT CHANGE RM FAMILY ENTERPRISES, LLC

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## 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.

. (a)	Principal office address of limited liabili (Note: MUST BE STREET ADD	ty company:	Mailing address of limited li	
		<del></del>	/ <del>**</del>	
	05/17/21	L2	21000228903	
	Date of filing/registration in Fl	orida 4.	Document number	-
. (a)	GONZALEZ ZEPEDA, PABI	LO F, ESQ.		
	Registered Agent and Registered Office shown of	in the records of the Florida Dep	pt. of State:	
	13386 SW 128TH STREET			
	Registered Office Address (MUST BE FLO)	RIDA STREET ADDRESS)	<del></del>	2022
	····			
	MIAMI	, FL 33186		2022 DEC 27
(h)	MIAMI Northwest Registered			** ***
(b)		Agent LLC	<u>s</u> :	
(b)	Northwest Registered	Agent LLC	<u>S</u> :	** ***
(b)	Northwest Registered Enter name of NEW Registered Agent and/or N	Agent LLC	<u>s</u> :	
(b)	Northwest Registered Enter name of NEW Registered Agent and/or N 7901 4th St N	Agent LLC	Σ:	
(b)	Northwest Registered Enter name of NEW Registered Agent and/or No. 1901 4th St No. 1915 Registered Office Address:	Agent LLC EW Registered Office addres	<u>S</u> :	
the lie chagent vias/we	Northwest Registered Enter name of NEW Registered Agent and/or N 7901 4th St N NEW Registered Office Address: STE 300	Agent LLC EW Registered Office address FL 33702  under the laws of the Statest address of the registered diability complements of the limited	ite of Florida, it is hereby confi ed office and the business office any, it is hereby confirmed that I liability company or as otherw	rmed that after e of the registered the change(s)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been my iffed in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent

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