L24000 274672

(Requestor's Name)				
(Address)				
(Address)				
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

RBM Manufacturing Services LLC	
SUBJECT:	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Nicholas McGrue	
Name of Person	
Polymath Legal PC	
Firm/Company	
5777 W. Century Blvd. Ste 1125	
Address	
Los Angeles, CA 90045	
City/State and Zip Code	
admin@polymathlegal.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Tannya Rebecca	833 931-6418 at ()
Name of Person	Area Code & Daytime Telephone Numbe
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	S55 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.

ı) .	6081 Silver King Blvd. #103, Cape Coral, Florida 339	14 (b) 53	(b) 5342 Clark Rd #3080, Sarasota, Florida 34233		
1) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		[24	.000274672		
	June 17, 2024	4.	Document number		
	Date of filing/registration in Florida	'1 .	Document name.		
a)	Nate Armstrong Registered Agent and Registered Office shown on the record	le of the Florida Den	or of State		
	Registered Agent and Registered Office shown on the record	is of the Fazina Dep			
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)			
	6081 Silver King Blvd. #103				
	Cape Coral	F1 33914	202		
(b)	Registered Agents Inc	. , , <u></u>	024 NOV 15		
,	Enter name of NEW Registered Agent and/or NEW Regist				
			PH ED		
	NEW Registered Office Address:		5: 22		
	7901 4th St N STE 300		_ 		
	St. Petersburg	, FL ³³⁷⁰²			
ige it v /w/	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	t the registered o ed liability comp ers of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided		
ırı	wicholas J. McGrus ture of a member or authorized representative of a member		s J. McGrue		
117.2	ture of a member or authorized representative of a member	-	Printed or typed name of signee		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agest