M03000000349

(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:				
4/11 F/A change				
m:03-349				

Office Use Only



300015443833

04/11/03--01009--013 **595.00

MJH

HILED

03 APR 11 AM 7:22

SEURETARY DE STATE
ALLAHASSEE FLORING

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: RMRE, LLC	(Name of corporation)		
DOCUMENT NUMBER: M0300	· -		
The enclosed Statement of Change of	Registered Office/Agent	and fee are submitted	for filing.
Please return all correspondence conce	erning this matter to the fo	ollowing:	
Barry Fulco (Name of person)		- च्या १०
RMRE, LLC (Name of firm/compa	any)		
1031 W. Morse Blvd. (Address)	. Suite 160		
Winter Park, FL 32 (City/state and zip co	789 ode)		-
For further information concerning the	is matter, please call:		
Barry Fulco (Name of person)	at (407) (Area code &	478-4900 daytime telephone nun	iber)
Enclosed is a \$35.00 check made paya	able to the Department of	State.	
Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section	us 607.0502, 617.0502, 6	507.1508, or 617.1508,	, Florida Statutes,	
this statement of change is submitted j	_	_	_	
Nevada in order to cho	inge its registered office	or registered agent, or	· both, in the State	
of Florida.	PMPF 1.1.C			
1. The name of the corporation:				
2. The principal office address: 10	31 W. Morse Blv	d., Suite 160		-
	nter Park, FL	32789		-
3. The mailing address (if different):_				_
	<u> </u>		· 年(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_ ',
4. Date of incorporation/qualification:	01/28/03	Document number: M(3000000349	
5. The name and street address of the	current registered agent a	and registered office on	file with the	
Florida Department of State:				
Barry Fulc	<u> </u>		<u> </u>	
407 Wekiva	Springs Road,	Suite 245	··· 	
Longwood,	FL 32779			
The name and street address of the changed);	ne new registered agent	(if changed) and /or re	egistered office (if	
•	··	·		
1031 W. Mo	rse Blvd. Suit	e 160		
Winter Par	k, FL 32789		** <u></u>	
The street address of its registered of agent, as changed will be identical.	fice and the street addre	ss of the business offic	e of its registered	
Such change was authorized by resol authorized by the board, or the corpo	lution duly adopted by its ration has been notified	s board of directors or in writing of the chang	by an officer so je.	
(Signature of an officer, chairman of vice chairman of	Bar Bar	ry Fulco, CEO (Printed or typed name and title)	·-·	
I hereby accept the appointment as r I further agree to comply with the pr performance of my duties, and I am j registered agent. Or, if this docume office address, I hereby confirm that (Signature of Registered Agent)			ostion as: e registared R this change.	
If signing on behalf of an entity:			SEE 7	_
BARRY Fuco (Typed or Printed Name)	Regi	stered Agent (Capacity)	- ₽ 7-1%	

* * * FILING FEE: \$35.00 * * *