M0600000 3190

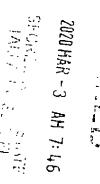
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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O SIMM: MAR 23 2020

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJE	ROS NO. 61 LLC		
		lame of Limited 1	Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.
Please i	return all correspondence concerning	this matter to the	: following:
LYNNE	E M MILLER		
	Name of Person		
REALT	Y MANAGEMENT CONSULTANTS I	INC	
	Firm/Company		
4811 S 7	76TH ST #211		
	Address		
GREEN	FIELD, WI 53220		
	City/State and Zip Code		
LMILLI	ER@RMC-INC.COM		
E-	mail address: (to be used for future a	innual report notif	fication)
For furt	her information concerning this matt	er, please call:	
LYNNE	M MILLER	414 at (281-6000
	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 followi	ng 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. N	ame of the limited liability company: ROS NO. 61 LL	.c			
2. (a)		(b)			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4811 S 76th St #211		4811 S 76th St #211		
	Greenfield, WI 53220		Greenfield, WI 53220		
	2/11/2020	М	106000003190		
 (a) 	Date of filing/registration in Florida	— _{4.} —	Document number is a part of State:		
J. (a)	SUSAN L RIORDAN				
	Registered Office Address (MUST BE FLORIDA STREET) 9754 BENT GRASS BEND	三 1: 5			
	NAPLES . F	34108	o		
(b)	REALTY MANAGEMENT CONSULTANTS INC Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	'ess:		
	NEW Registered Office Address:		_		
	2 7 80 E FOWLER AVE #2004				
	<u>TAMPA</u> , F	L ³³⁶¹²			
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered iability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
\varkappa	when m. milling is a member of a member	LYNN	IE M MILLER		
Signa	wre of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in e performant ed for in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

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

Signature of Registered Agent