Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:_____

LLC REGISTERED AGENT CHANGE RMI PURCHASING, LLC

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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RMI Purchasing	, LLC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Off	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Mary Castilla	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following ar	mount:
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy

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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	me of the limited liability company: RMI Purc	has	sing, LL	.C			
1. Na: 2.(a)	400 GALLERIA PARKWAY SE, SUITE 1200	1	400 GALL	ERIA PARKI	NAY, S	E, SUITE 12)0
Z. (a).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	М	niling address of li (Note: MAYBE			
	ATLANTA, GA 30339	-		NTA, G			
	5/19/2015	-	M1500	000391	8		_
3.	Date of filing/registration in Florida	4.		Document num	ber		
5. (a)	C T CORPORATION SYSTE	M					
J. (a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND	Florio	la Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A.						
	Registred Circle 100				_	2021	
	PLANTATION , FL	333	24			2020 JUN -3	
(b)	Registered Agent Solutions,	Inc	•				t
(0)	Enter name of NEW Registered Agent and/or NEW Registered					AH 11: 3:	
	155 Office Plaza Dr.		- <u>-</u>		~ .	မ မ	
	NEW Registered Office Address: Suite A	······································					
	Tallahassee, FL	323	301				
the cha	simited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	tne re bility f the l limite	company, it is imited liability I liability con	s and the ousing s hereby confir y company or a apany.	med that is otherw	the change(s) vise provided i	
	Iorman J. Radow	N	orman J.	Radow	CEC)	

/s/	Norman	J.	Radow
,		_	

Printed or typed name of signee

Signature of a member or authorized representative of a member

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 notified in writing of this change.

Mackenzie Hart, Asst. Secretary Octobra (

Signature of Registered Agent