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2012 MAY 29 A 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 30 2012

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rimes Property Mgmt Inc
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan L Rimes
Name of Contact Person
Rimes Property Mgmt Inc
Firm/Company
P.O. Bx 2935
Address
Labelle FL
City/State and Zip Code
rimes1212@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Rimes at (863) 673-1436
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rimes Property Mgmt, Inc.
2. The principal office address: 840 Kennedy Blvd
Labelle FL 33935
3. The mailing address (if different): P.O. Bx 2935
Labelle FL 33975
4. Date of incorporation/qualification: 2002 Document number: PO2000008662
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Flonda Incubator 4712 Watkin Ave
Sarasota FL
34233
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Susan Rimes
840 Kennedy Blvd
P.O. Box NOT acceptable
Labelle FL 33935

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Susan Rimes V-President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

5/22/12
Date

If signing on behalf of an entity:

Susan C Rimes
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32317

2012 MAY 29 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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