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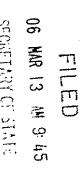
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CCT: RLM PROPERTIES, INC. (Name of Corporation)
DOCU	MENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ROGER MOORE (Name of Contact Person)
	RLM PROPERTIES, INC. (Firm/Company)
	5475 NE SAINT JAMES DR #194 (Address)
	PORT ST LUCIE FL 34983 (City/State and Zip Code)
For fur	ther information concerning this matter, please call:
ROG	ER MOORE at (772) 240-9367 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclose	ed 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

CR2E045 (8/05)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: RLM PROPERTIES, INC.
2. The principal	office address: 582 NW WAVERLY CIRCLE PORT ST LUCIE FL 34983
3. The mailing a	ddress (if different): 5475 NE SAINT JAMES DR # 194 PORT ST LUCIE FL 34983
4. Date of incorp	poration/qualification: 10/28/2004 Document number: 20-1808472
	I street address of the current registered agent and registered office on file with the then the three three transfers.
	ROGER MOORE
	5847 NW CORSO AVE
	PORT ST LUCIE FL 34986
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	ROGER MOORE
	582 NW WAVERLY CIRCLE
	(P.O. Box NOT acceptable) PORT ST LUCIE FL 34986
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	Board Morre President
(Signatu	re of an officer or director) (Printed or typed name and title)
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	3/6/06
(Sig	nature of Registered Agent) (Date)
If signing on be	half of an entity:
	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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