## PD6000120679

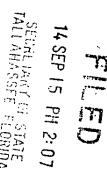
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



800264143108

09/15/14--01018--818 \*\*35.00



CRM assett

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: RML INVESTMENTS INC.

Name of Corporation

DOCUMENT NUMBER: P06000120679

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:

ALBERT R COHEN CPA

Name of Contact Person

WALD AND COHEN, PA

Firm/Company

11420 N KENDALL DR, STE 203

Address

MIAMI, FL 33176

City/State and Zip Code

golf4foodd@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Albert R. Cohen CPA

. 305

271-3666 ext 229

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

CR2E045 (03/12)

## 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, I statement of change is submitted for a corporation organized under the laws of the S in order to change its registered office or registered agent, or both, in the S	State of Florida
1. The name of the corporation: RML INVESTMENT, INC.  2. The principal office address: 11420 N Kendall Dr. Ste 203 Miami, FL 33176	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09/19/2006 Document number:	P06000120679
<ol><li>The name and street address of the current registered agent and registered office of Florida Department of State: (If resigned, enter resigned)</li></ol>	on file with the
Corporate Process Services, Inc.	
2300 Coral Way	74 SE 75 TE
Miami, FL 33145	
6. The name and street address of the new registered agent (if changed) and /or regis (if changed):  Wald and Cohen, PA	15 N
	REDA
11420 N Kendall Dr., Ste 203 P.O. Box NOT acceptable	
Miami, FL 33176	
The street address of its registered office and the street address of the business of as changed will be identical.  Such change was authorized by resolution duly adopted by its board of directors of the street address of the business of	
Such change was authorized by resolution duly adopted by its board of directors of authorized by the board, or the corporation has been notified in writing of the change was authorized by the board, or the corporation has been notified in writing of the change was authorized by resolution duly adopted by its board of directors of authorized by the board, or the corporation has been notified in writing of the change was authorized by resolution duly adopted by its board of directors of authorized by the board, or the corporation has been notified in writing of the change was authorized by the board.	nge.
Jorge Lleonart	and file
I hereby accept the appointment as registered agent and agree to act in this capa I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my agent. Or, if this document is being filed merely to reflect a change in the registe hereby confirm that the corporation has been notified in writing of this change.	
aut P. Colm 911	1114
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Albert R. Cohen	
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 32314 CR2E045 (03/12)