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Special Instructions to Filing Officer:	

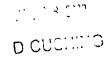
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: RESIDENTIAL ASSET MANAGEMENT, INC.

Name of Corporation

P0700096967

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:

Rory B. Weiner

Name of Contact Person

Rory B. Weiner, P.A.

Firm/Company

635 W. Lumsden Road

Address

Brandon, FL 33511

City/State and Zip Code

rweiner@roryweiner.com

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

For further information concerning this matter, please call:

Rory B. Weiner

.813

581-3300

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

statement of ch	ange is submitted for a corporation organized under the laws of the State of Florida Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: RESIDENTIAL ASSET MANAGEMENT, INC.
	office address: 1759 South Kings Avenue DN, FL 33511
3. The mailing	address (if different):
4. Date of incor	poration/qualification: 08/28/2007 Document number: P07000096967
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Rory B. Weiner, P.A.
	671 W. Lumsden Road
	Brandon, FL 33511
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Rory B. Weiner, P.A.
	635 W. Lumsden Road
	P.O. Box NOT acceptable Brandon, FL 33511
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board of the corporation has been notified in writing of the change.
- Ingnati	ure of an officer or director Printed or typed name and title
I further agree performance of agent. Or, if th	t 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 f my duties, and I am familiar with and accept the obligation of my position as registered sis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	Shature of Registered Agent Date
	ehalf of an entity:
Rory B. We	einer
- "	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