

P15000033610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

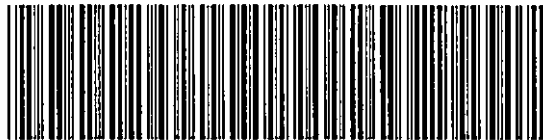
(Business Entity Name)

(Document Number)

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2018 JUN 15 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

JUN 18 2018

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RMB SOLUTIONS, Inc  
Name of Corporation

DOCUMENT NUMBER: P15000033610

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:

David Ramos  
Name of Contact Person

RMB Solutions, Inc  
Firm/Company

2451 NW 109th AVE UNIT 10  
Address

DORAL, FL 33172  
City/State and Zip Code

rmbolutionsinfo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Ramos at ( 786 ) 647-0231  
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: RMB Solutions, Inc

2. The principal office address: 9302 SW 171st AVE Miami, FL 33196

3. The mailing address (if different):

4. Date of incorporation/qualification: 04/13/2015 Document number: P15000033610

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)

9302 SW 171st AVE Miami, FL 33196

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

2451 NW 109th AVE UNIT 10 DORAL, FL 33172

P.O. Box NOT acceptable

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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 of an officer or director

David A. Ramos Mota 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 of Registered Agent

June 11, 2018 Date

If signing on behalf of an entity:

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