(1/3)

Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000208888 3)))



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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE RMT, INC.

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SEP 1 9 2013

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	RMT, INC.				
	Name of Cor	poration			
DOC	P37961 UMENT NUMBER:				
The er	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
110000	. Ioun al wiresponding contenting and times	and to the state of the state o			
	Name of Cont	aci Person			
	Firm/Con	IDANY			
	1 11.12 5511	·p			
	<u> </u>				
	Addre	SS			
	·				
	City/State and	Zip Code			
	E-mail address: (to be used for fut	ure annual report notification)			
		,			
For fu	orther information concerning this matter, please ca	II:			
	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclos	sed is a \$35.00 check made payable to the Departm	nent of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tellahassee, FL 32301			

CR2B045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 ange is submitted for a corporation organized er to change its registered office or registered	d under the laws of the State of Wiscons	in .
1. The name of	the corporation: RMT, INC.		
2. The principal	office address: KI WAY, SUITE 200 MADISON, WI 53717		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/19/1992	Document number: P37961	
5. The name and Florida Depar	d street address of the current registered agent rtment of State: (If resigned, enter resigned)	t and registered office on file with the	
	UNITED STATES CORPORATION COMPA	NY	
	1201 HAYS STREET SUITE 105 TALLAHAS		- 1 ·
			13 S
6. The name and street address of the new registered agent (If changed) and /or registered office (if changed):			
	C T Corporation System		THE PA
	c/o C T Corporation System, 1200 South Pine I	Island Road	FL(
•	P.O. Box NOT soce	prable	SE S
	Plantation, Florida 33324		DA DA
The street address changed will	ess of its registered office and the street addi- be identical.	ress of the business office of its registe	ered agent,
Such change we authorized by the	as authorized by resolution duly adopted by ne board, or the corporation has been notifie	its board of directors or by an officer and in writing of the change.	so .
		rendan Sheils, Vice President	
•	in of an officer of director	Printed or types name and title	
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and ag to comply with the provisions of all statutes my dulies, and I am familiar with and accept is document is being filed merely to reflect a that the corporation has been notified in wr	ree to act in this capacity, relative to the proper and complete pt the obligation of my position as reg a change in the registered office adars -iting of this change.	istered us, I
By: C.T.Con	pomitio <u>n System</u>	18/2013	
	nature of Registered Apont	Date	
If signing on be	half of an entity:		
R	yan N. Kenigsberg		
	381844ALSAEKFIBLY		
	* * * FILING FEE: \$	35,00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 CR2E045 (03/12)

PL006 - 05/20/2913 Welton Klewer Online