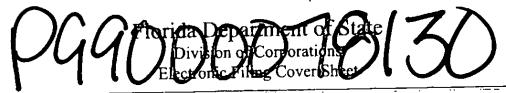
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6380 From: Account Name : NRAI SERVICES, LLC Account Number : I20080000104 Phone : (302)674-4089 Fax Number : (302)674-5266 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	To		f Corporations	
Account Name : NRAI SERVICES, LLC Account Number : I20080000104 Phone : (302)674-4089				
Account Number: 120080000104 Phone: (302)674-4089	F	Account Na		
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annual report mailings. Enter only one email address please.**

Email Address: dmv@potamkinfamily.com

REGISTERED AGENT CHANGE RMP HOLDINGS, INC.

Certificate of Status	0
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S. PRATHER

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Corporate Filing Menu

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FOR CORPORATIONS

202

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change its 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: RMP Holdings, Inc. 2. The principal office address: 5800 NW 171st Street Miami, Fl 33015 3. The mailing address (if different): 4. Date of incorporation/qualification: 09/01/1999 Document number: P99000078130 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)

STATEMENT OF CHANCE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

P.O. Box: NOT acceptable
Plantation, Florida 33324

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.

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

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 partition as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

6/23/2021

If signing on behalf of an entity:

(if changed):

th Gato

Signature of Registered Agent

5800 NW 171st Street

Miami, FI 33015

NRAI Services, Inc.

1200 South Pine Island Road

* * * 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 (04/13)

By: