## 717900

·	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Oity/State/21pr=11one #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
<u> </u>	
Special Instructions to Filing Officer:	١
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R.A. Change

Boutton JUL 28 2008

## CORPÓRATE ACCESS, INC.

## "When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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	v	VALK IN	
	PICK UP:	7/28/08 (	34)
	CERTIFIED COPY		
Ø	РНОТОСОРУ		<u> </u>
	CUS		
P	FILING	A Change	<u>, , , , , , , , , , , , , , , , , , , </u>
1.	RIVER REACH INC.		717-900
2.	1.		
	(CORPORATE NAME AND DOCUMENT #)	-	
3.			
	(CORPORATE NAME AND DOCUMENT #)		
4.	(CORPORATE NAME AND DOCUMENT #)		
<b>5.</b>			
	(CORPORATE NAME AND DOCUMENT #)		
6.	(CORPORATE NAME AND DOCUMENT #)	•	
SPECIA	L INSTRUCTIONS:		

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

statement of change is si	ns of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ubmitted for a corporation organized under the laws of the State of FLORIDA
	nge its registered office or registered agent, or both, in the State of Florida.  pration: Piven Reacu, INCOR POR ATED
_	ddress: 949 RIVER REACH DR. FORT LAUDERDALE, FL. 33315
3. The mailing address (	if different):
4. Date of incorporation	/qualification: 01/15/1970 Document number: 717900
5. The name and street a Florida Department of	
	TAMAR D. SHENDELL 08 50
	TAMAR D. SHEHDELL  3650 H. FEDERAL HIGHWAY, SUITE 202
-	LICHTHOUSE POINT, FL. 33064 U.S.
6. The name and street a (if changed):	ddress of the new registered agent (if changed) and /or registered office
	GERALD SCHILIAN.
	7301 - A WEST PALMETTO PARK ROAD, Suite 305 C
	(P.O. Box NOT acceptable)  BOCA RATON, FLORIDA 33433
The street address of its as changed will be iden	s registered office and the street address of the business office of its registered agent, tical.
Such change was authorized by the board	rized by resolution duly adopted by its board of directors or by an officer so it, or the corporation has been notified in writing of the change.
(Signature of ago	THE PAREICE D. LEWIHAN
	ointment as registered agent and agree to act in this capacity.  ly with the provisions of all statutes relative to the proper and complete performance familiar with and accept the obligation of my position as registered agent. Or, if this merely to reflect a change in the registered office address, I hereby confirm that the otified in writing of this change.
(Signature of	Registered Agent) // Z S / D g (Date)
If signing on behalf of	
(Typed or P	rinted Name)

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*