717900

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A COS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LIVER REACH THEORPORTED (Name of Corporation)
DOCUMENT NUMBER:
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:
(Name of Contact Person)
River Reach, Inc.
949 River Reach Drive (Address)
Fort Lauderdzle, FL. 33315 (City/State and Zip Code)
For further information concerning this matter, please call:
C2-10 P. H:11~ at (954) 798 6007 (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 Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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

statement of chang	ge is submitted for a	a corporation	17.0302, 607.1308, 1 organized under th : registered agent, of	e laws of the	State of	FLORIDA
	e corporation:	•	2 REACH	_		
2. The principal of	•		River R			
			Landerd			
3. The mailing add	dress (if different):_					
4. Date of incorpo	oration/qualification	01/15	Docum	nent number:	7179	00
5. The name and s Florida Departm		current regis	stered agent and regi	stered office	on file with t	he
	GERA	ديا	Schichn			•
	7301	- A	WEST PAL	METTU	Pann 6	20. £305C
_			TON , FL			
6. The name and s (if changed):		· ·	ed agent (if changed	_	stered office	110-110
_	AL	UARO	2 ui 2			
	94	ig Ri	ven Reac	4 Dr	. •	P
_		(P.O. Box NOT a	=			
-			AUDERDA			
The street address as changed will b	s of its registered of identical.	office and the	e street address of the	he business o	office of its r	egistered agent,
Such change was authorized by the	authorized by reso board, or the corp	olution duly oration has	adopted by its boar been notified in wri	d of directors ting of the cl	s or by an of nange.	ficer so
Cal Signature	Oldo of an officer or director)		Carl	Pm: II a	کر کررو ed name and title	President.
		registered a rovisions of and accept flect a chan iting of this	gent and agree to a all statutes relative the obligation of m ge in the registered change.			
h	Wiz	 .		8/8		
(Sign	ature of Registered Agent	:)		(Da	ate)	.
If signing on beha	alf of an entity:					
(Tv	ped or Printed Name)		-			

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