743983

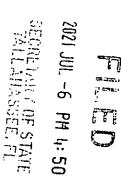
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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: RIVERLAND WOODS HOMEOW	NERS' ASSOCIATION, INC		
Name of Corporation			
DOCUMENT NUMBER: 743983			
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
JOANNE BENKO			
Name of Contact Person			
RIVERLAND WOODS HOMEOWNERS' ASSOC	TATION, INC		
Firm/Company			
2430 WOODSIDE DRIVE			
Address			
FORT LAUDERDALE, FL 33312			
City/State and Zip Code			
JOANNEBENKO@GMAI	L.COM		
E-mail address: (to be used for future annua	al report notification)		
For further information concerning this matter.	please call:		
	F		
JOANNE BENKO	at (305) 479-4377 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	e Department of State.		
Mailing Address:	Street Address:		
Amendment Section	Amendment Section		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: RIVERLAND WOODS HOMEOWNERS' ASSOCIATION, INC	
2. The principal	office address: 2440 WOODSIDE DRIVE, FORT LAUDERDALE, FL 33312	
3. The mailing a	ddress (if different): SAME AS ABOVE	_
4. Date of incom	poration/qualification: June 27, 2021 Document number:	_
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	ROBERT YONKERS	
	2631 WOODSIDE DRIVE, FORT LAUDERDALE, FL 33312	
		Cr:
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	7
	EDITH KAPLAN	_
	EDITH KAPLAN 2440 WOODSIDE DRIVE, FORT LAUDERDALE, FL 33312 FIG. 50 FIG. 7 FIG. 7	-,-
	P.O Box NOT acceptable	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
	JOANNE BENKO, SECRETARY	
Lhereby accept	the appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of a militar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the been potified in writing of this change.	•
Z die	Tapler 7/2/2021 nature of Registered Agent Date	
	half of an entity:	
~ ~	· ,	
LDIC Ty	rped 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 CR2E045 (04/13)