## 568379

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RIVERbank Financial Oct. (Name of Corporation)
DOCUMENT NUMBER: J 68379
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:
Mark Cheeley (Name of Contact Person)
Kixerbank Tinancial Corp. (Firm/Company)
4800 N. Jeperal Highway, Suite 2011
Dora Raton FL 33431 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954), 563-1336 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State

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Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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nendment Section
vivision of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Kiver bank Financial Conporation
2. The principal office address: 4800 N. FEDERAL Highway Suite 204D
BOCA RATION, FL 33431
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4 21 1987 Document number: J68379
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:    Mark Cheeley   539 E. Oalland Pack Blob.   Florida Department of State:   Colland Pack Blob.   Colland Blob.
(if changed):  Mark Cheeley  Howay, Suite 204D  Boca KATON, FC 33431
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.    April   Printed or typed name and title
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 position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
May hely 5/1/2007 (Signature of Registered Agency) Date)
If signing on behalf of an entity.
Kiverbank Tinancial Coep. (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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