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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Rivercoast Investments, LL	С		
2, 1, 2, 2, 1	Name of Limited Liability Company			
Dear S	∵ Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning th	nis matter to the fo	ollowing:	
Zully	Bolanos			
	Name of Person			
Amic	orp Corporate Services, LLC			
	Firm/Company		_	
1001	Brickell Bay Drive, Suite 2908			
	Address		_	
Mian	ni, FL 33131			
	City/State and Zip Code		_	
z.bol	anos@amicorp.com			
ī	2-mail address: (to be used for future an	nual report notific	ration)	
For fu	rther information concerning this matter	r, please call:		
Zully	Bolanos	305	416-4730	
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company:	nvestments, LLC			
2. (a)	1001 Brickell Bay Drive, Suite 2908	(b) 1001 B	(b) 1001 Brickell Bay Drive, Suite 2908		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33131	Miami I	FL 33131		
	Trialin, 12 33131		12 33131		
	03/28/2014	L140000	51491		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Amicorp Fiduciary Services, LLC				
<u>(a)</u>	Registered Agent and Registered Office shown on the records o	f the Florida Dept. of Stat	te:		
	1001 Brickell Bay Drive, Suite 2908				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_		
	Miami	, 33131	_		
	. r	l	- ; <u>2</u> ^		
(b)	Amicorp Corporate Services, LLC	- 20			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:			
	1001 Brickell Bay Drive, Suite 2908				
	NEW Registered Office Address:		_		
			; t 8		
			v o		
	Miami F	_{l.} 33131	_		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the operating agreement	of the registered offic lability company, it is of the limited liabilise limited liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
رليا <u>)</u> Signal	are of a member or authorized representative of a member	Amicorp 03	Printed or typed name of signee		
I herei provisi the obl to mere notifie	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providly reflect a change in the registered office address. If in writing of this change.	gree to act in this cap e performance of my ed for in Chapter 60. Thereby confirm that	pacity. I further agree to comply with the		