

N98 000 000 361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

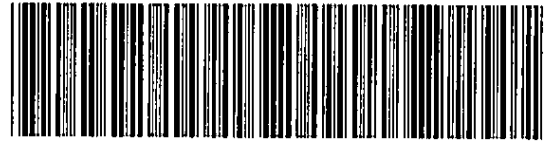
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: River Ridge Country Club Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N980000003601

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:

Kelly Moran
Name of Contact Person

Resource Property mgmt.
Firm/Company

28100 US Hwy 19 North, Suite 200
Address

Clearwater, FL 33761
City/State and Zip Code

E-mail address: (to be used for future annual report notification) kmoran@resourcepropertymgmt.com

x

For further information concerning this matter, please call:

Kelly Moran at (727) 796-5900
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: River Ridge Country Club Homeowners Association, Inc.

2. The principal office address: 1964 Bay Shore Blvd, Suite A
Dunedin, FL 34698

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/20/1998 Document number: N98000000361

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Helen Kelly
6014 US Hwy 19N
New Port Richey, FL 34652

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cianfrone, Nikoloff, Grant & Greenberg, P.A.
1964 Bay Shore Blvd, Suite A
P.O. Box NOT acceptable
Dunedin, FL 34698

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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.

[Signature]
Signature of an officer or director

Roger Barnard
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.

[Signature]
Signature of Registered Agent

2/9/21
Date

If signing on behalf of an entity:

Stephan Nikoloff
Typed or Printed Name

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