-Fax Server

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850) 521-1000

Fax Number : (850) 558-1515

\*\*Enter the email address for this business entity to be used for fin annual report mailings. Enter only one email address please

Email Address:

## REGISTERED AGENT CHANGE RIVERSIDE BANQUE PREMISES CORPORATION

Certificate of Status	0
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5/5/2010 12:35:13 PM PAGE 2/002 Fax Server

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

		7.0502, 607.1508, or 617.1508, Florida Statute or ganized under the laws of the State of Florid	
in orde	r to change its registered office or r	egistered agent, or both, in the State of Florida	t.
1. The name of t	the corporation: RIVERSIDE BA	NQUE PREMISES CORPORATION	
2. The principal	office address: 2211 OKEECHO	BEE ROAD FORT PIERCE FL 34950-6	552
3. The mailing a	ddress (if different): ATTN: ACC	OUNTING 2810 S. U.S. 1 FORT PIERC	E FL 34982
4. Date of incor	poration/qualification: 01/25/1991	Document number: S27287	
	istreet address of the current registerment of State:	red agent and registered office on file with the	
	FRANK H. FEE III, ESQ.		F 5
	426 AVENUE A		2010 MAY . SECRET
	FORT PIERCE FL 34950		TAR ASS
6. The name and (if changed):	I street address of the new registered	l agent (if changed) and /or registered office	MAY -5 PM 3: 31 RETARY OF STATE AHASSEE, FLORIDA
	Corporation Service Company		유금 3
	1201 Hays Street		0
	(P.O. Box NOT people	oprable)	
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its regi	stered agent,
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	er so
(Signati	La Men Clister	H35157 CDRP. SECRETHRY, LADII (Printed or typed name and little)	
I hereby accept I further agree to af my duties, and document is bel corporation hau	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	nt and agree to act in this capacity, I statutes relative to the proper and complete e obligation of my position as registered agen in the registered office address, I hereby con ange.	performance nt. Or, if this firm that the
Corporation By:	on Service Company	5/5/10	
(St	mature of Registered Agent)	(Days)	<del></del>
If signing on be	half of an entity:		
	as its agent		
(1	Typed 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 (8/05)