

A060VVW00555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

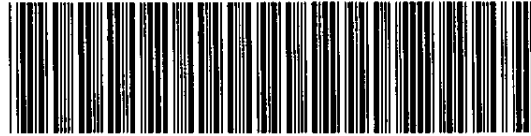
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12 JUN 20 PM 3:44**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverside Daytona Shores, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000555

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Maria T. Fundora

Contact Person

Riverside Daytona Shores, Ltd.

Firm/Company

3390 Mary Street, Suite 200

Address

Coconut Grove, FL 33133

City, State and Zip Code

m.fundora@swerdlow.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria T. Fundora

at (305) 442-6530

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Riverside Daytona Shores, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/21/2006 3. A06000000555
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Theodore Stotzer
Name
321 East Hillsboro Boulevard
Address
Deerfield Beach, FL 33441
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Brett Dill
Name
3390 Mary Street, Suite 200
Florida street address (P.O. Box not acceptable)
Coconut Grove FL 33133
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

X *Brett Dill*
Signature of General Partner

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 obligations of my position as registered agent.

X *Brett Dill*
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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