

590010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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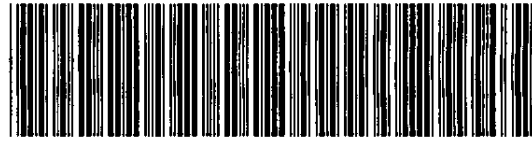
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rivier Insurance Group
Name of Corporation

DOCUMENT NUMBER: 590010

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:

Paul Rivier
Name of Contact Person

Rivier Insurance Group
Firm/Company

217 E Hallandale Beach Blvd
Address

Hallandale FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Rivier at (305) 450-1474
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Rivier Insurance Group
2. The principal office address: 217 E Hallandale Beach Blvd
Hallandale, FL 33009
3. The mailing address (if different): P O Box 250
Hallandale, FL 33008
4. Date of incorporation/qualification: 10/15/1976 Document number: 590010
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)

Stephen L. Rivier
20143 NE 19 Pl
NO Miami Beach, FL 33179

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

Paul Rivier
20155 NE 38 Ct Apt 3104
P.O. Box NOT acceptable
Dowdora, FL 33180

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.

Paul Rivier
Signature of an officer or director

Paul Rivier
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.

Paul Rivier
Signature of Registered Agent

May 7, 2018
Date

If signing on behalf of an entity:

Paul Rivier
Typed or Printed Name

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