

758956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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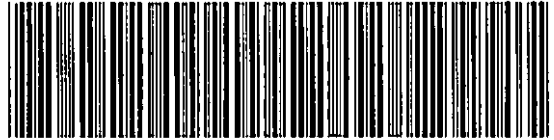
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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12/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rivers Edge Estates, Inc.
Name of Corporation

DOCUMENT NUMBER: 758986

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:

Louise Laprade

Name of Contact Person

Rivers Edge Estates, Inc.

Firm/Company

10 Outlet Drive

Address

Lake Panasoffkee, FL 33538

City/State and Zip Code

lsldr@aol.com

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

For further information concerning this matter, please call:

Louise Laprade

at (508) 817-7952

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Rivers Edge Estates, Inc.
2. The principal office address: 10 Outlet Drive
Lake Panasoffkee, FL 33538
3. The mailing address (if different): _____
4. Date of incorporation/qualification: March 6, 2021 Document number: 758986
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)

Resigned (SEE ATTACHED)

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

Louise Laprade c/o Rivers Edge Estates, Inc

10 Outlet Drive

P.O. Box NOT acceptable

Lake Panasoffkee FL 33538

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TALLAHASSEE, FL

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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.

Louise Laprade
Signature of an officer or director

Louise Laprade - President
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.

Louise Laprade
Signature of Registered Agent

3/21/21
Date

If signing on behalf of an entity:

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 (04/13)

To the Officers of Rivers' Edge Estates

Re: My resignation as treasurer

Please accept my resignation effective March 6, 2021.
We are moving from this area and will no longer be able to perform my duties.

Thank you
Lana Lutz