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COVER LETTER

TO: Amendment Section Division of Corporations River Oaks Condominium IV Association, Inc. Name of Corporation 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: Charles Evans Glausier Name of Contact Person Glausier Knight, PLLC Firm/Company 400 N. Ashley Drive, Ste. 2020 Tampa, FL 33602 City/State and Zip Code cglausier@glausierknight.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles Evans Glausier Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (03/12)

<u></u>

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

| statement of change is \$ | ns of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this ubmitted for a corporation organized under the laws of the State of Florida |
|--|--|
| ţ | nge its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corp | oration: River Oaks Condominium IV Association, Inc. |
| 2. The principal office a | ddress: 17824 N. US Hwy 41., Lutz, FL 33549 |
| 3. The mailing address (| if different): |
| 4. Date of incorporation | /qualification: 08/18/1982 Document number: 764589 |
| | ddress of the current registered agent and registered office on file with the f State: (If resigned, enter resigned) |
| Char | les Evans Glausier |
| 1801 | N. Highland Avenue |
| Tam | pa, FL 33602 |
| 6. The name and street a (if changed): | ddress of the new registered agent (if changed) and /or registered office les Evans Glausier |
| Char | les Evans Glausier |
| 400 إ | N. Ashley Drive, Suite 2020 |
| | P.O. Box NOT acceptable |
| l ami | ba, FL 33602 |
| The street address of its as changed will be iden | registered office and the street address of the business office of its registered agent. |
| Such change was authorized by the board | rized by resolution duly adopted by its board of directors or by an officer so or the corporation has been notified in writing of the change. |
| 15/ Denvis St Signature of an of | Dennis Statz, President Printed or typed name and title |
| l further agree to comb performance of my duli agent. Or, if this docu | ointment as registered agent and agree to act in this capacity. ly with the provisions of all statutes relative to the proper and complete es, and I am familiar with and accept the obligation of my position as registered ment is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change. |
| (lad - 4) | (a) DEC17 |
| Signature of R | egistered Agent Date |
| If signing on behalf of | in entity: |
| Typed or Pri | nted Name |
| | * * * FILING FEE: \$35.00 * * * |
| | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 |

CR2E045 (03/12)