771009

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
<u> </u>

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COVER LETTER

TO:

Name of Contact Person	Area Co	ode & Daytime Telephone Number
Michael E. Rehr	at (³⁰⁵)670-8993
For further information concerning this matter, please	call:	
E-mail address: (to be used for future annual repo	ort notification)
Mrehr@rehrlaw.com	- 12	
City/State and Zip Code		
Miami, FL 33156		
Address		
9990 SW 77 Ave- PH-4		
Firm/Company		
Law Office of Michael B. Rehr		
Name of Contact Person		
Michael E. Rehr		
Please return all correspondence concerning this mat	ter to the follow	ring:
The enclosed Statement of Change of Registered Off		
		
DOCUMENT NUMBER: 771009		
Name of Corporation		
SUBJECT: Ridgeview Gardens Property Owners Assoc	iation, Inc.	
TO: Amendment Section Division of Corporations		

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

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of Flor gistered agent, or both, in the State of Flor	rida
	the corporation: Ridgeview Gardens Pr	·	
2. The principal	office address: HARBOR MGMT. SV6		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/1/83	Document number: 771009	
5. The name and Florida Depar	d street address of the current registere tunent of State: (If resigned, enter resigned,	d agent and registered office on file with	the
	Michael Rehr		
	9500 S. Dadeland Blvd., Ste 550		
	Miami, FL 33156		
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office	C3.C3.
	Law Office of Michael E. Rehr, P.A		1
	9990 SW 77 Ave- PH-4		-17
	P.O. Miami, FL 33156	Box NOT acceptable	
The street addre	ss of its registered office and the stre be identical.	et address of the business office of its re	gistered agent,
Signatur	n Blokhod	ted by its board of directors or by an offinotified in writing of the change. X Down Bedard - Pierral - P	siduot
hereby accept if further agree to further agree to further agree to further agree to further agreement is being the further agreement in has	the appointment as registered agent o comply with the provisions of all st d I am familiar with and accept the o ng filed merely to reflect a change in been notified in writing of this chang	and agree to act in this capacity, atutes relative to the proper and comple bligation of my position as registered ag the registered office address, I hereby co se.	te performance zent. Or, if this onfirm that the
/hi	15n	10-1-24	
	nalf of an entity:	Date '	
Michael E. Rehr,	•		
	ped or Printed Name		

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