

408 000000959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

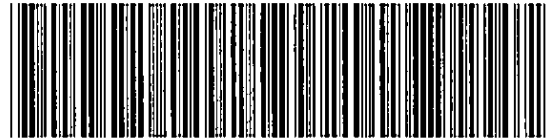
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: NORTH RIVER INVESTMENT GROUP LLC

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 08000000959

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:

RICHARD C BENNETT

Contact Person

NORHT RIVER INVESTMENT GROUP LLLP

Firm/Company

2020 80TH AVE EAST

Address

PARRISH , FLORIDA 34219

City, State and Zip Code

RCHARDBENNETTREALTY @GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD BENNETT

Name of Contact Person

at (941) 545 6678

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. NORTH RIVER INVESTMENT GROUP LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/17/2008

Date of filing/registration in Florida

3. A 08000000959

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:

HUNT, RANDALL

Name

2498 BLACKBURN CIR

Address

CAPE CORAL , FL 33991

City, State and Zip

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

BENNETT, RICHARD C

Name

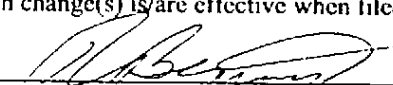
2020 80TH AVE EAST

Florida street address (P.O. Box not acceptable)

PARRISH FL 34219

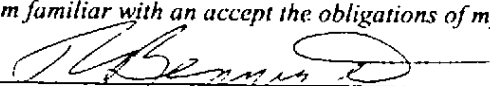
City, State and Zip

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


Signature of General Partner

7/1/2020

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.


Signature of Registered Agent

7/1/2020

Filing Fee: \$35.00

Certified Copy (optional): \$52.50