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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : INCORP SERVICES INC

Addount Number : IRGICCORCOOT Phone : (702)866-2500 Fax Number : (702)900-2290

**Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please 🚉

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE RIVER CITIES BUILDERS, INC.

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A. BUTLER JAN 19 2023

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: River Cities Builders, Inc. Name of Corporation DOCUMENT NUMBER: F9900005284 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: Courtney Wehrman Name of Contact Person InCorp Services, Inc. Firm/Company 3773 Howard Hughes Pkwy. - Suite 500S Address Las Vegas, NV 89169-6014 City/State and Zip Code documents@incorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Courtney Wehrman on behalf of InCorp Services, Inc. at 800-246-2677 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address:

Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Saite 810

CR2E045 (04/13)

Amendment Section
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	iange is submitted for a ci	orporation organi	2, 607.1508, or 617.1508, Fl ized under the laws of the Sta red agent, or both, in the Sta	ate of KY
1. The name of	the corporation: River (Cities Builders, I	nc.	
	•		REENUP, KY 41144	
3. The mailing	address (if different):			
			Document number:	
5. The name an Florida Depa	id street address of the cu atment of State: (If resign	rrent registered ag ned, enter resigned	gent and registered office on .	file with the
	FELTY, RICCA			
	180 FLAGLER LANE	E APT 27		
	COCOA BEACH, FL			
6. The name and (if changed):	d street address of the nev	w registered agent	t (if changed) and /or register	red office JAH
	InCorp Services, Inc.			<u> </u>
	17888 67th Court No	orth		8
	Loxahatchee, FL 334		NOT acceptable	
The street address changed will	ess of its registered office be identical.	e and the street a	ddress of the business office	င္ of its registered agent,
Such change was authorized by the	as authorized by resoluti se board, or the corporat	on duly adopted l ion has been noti	by its board of directors or h fied in writing of the change	oy an officer so c.
	To I an officer or director		GREGORY T LOGAN, F	and title
hereby accept further agree to if my duties, an locument is belo corporation has	the appointment as regi- to comply with the provis al I am familiar with and ng filed merely to reflect been notified in writing	stered agent and sions of all statut accept the oblig a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position as regi registered office address, T	I complete performance stered ayent. Or, if this hereby confirm that the
j.	nature of Registered Agent		January 11.	
Silv	nature of Registered Agent	**********	Date	
Esigning on be	half of an entity:			
sabel Burgos on	behalf of InCorp Services,	inc.		
Т	ped 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 CR2E055 (04/13)