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EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJECT: River Haven Properties LLC Name of Limited Liability Company							
	Name of	Limited	Liability	Company			
Dear	Sir or Madam:					iling. October 12	
The e	enclosed Registered Agent/Registered	Office (Change ar	nd fee(s) are	submitted for f	iling.	
Pleas	e return all correspondence concerning	g this m	atter to th	e following	;	72	
	Diane Murray						
	Name of Person						
	Bonita Bay Group	· · · · · · · · · · · · · · · · · · ·					
	Firm/Company						
	9990 Coconut Road Ste 2	00					
	Address						
	Bonita Springs, FL 3413	5					
	City/State and Zip Code						
	Dianem@bonitabaygroup.c	om notification	on)				
For f	urther information concerning this ma	tter, ple	ase call:				
	Diane Murray	at (_	239)	390-1257		
	Name of Person		Ar	ea Code & Day	time Telephone Nun	iber	
	STREET/COURIER ADDRESS:		MAII	LING ADDE	RESS:		
	Registration Section	Registration Section					
	Division of Corporations		Division of Corporations				
	Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314				
	2661 Executive Center Circle Tallahassee, Florida 32301		1 allah	iassee, fiorid	IB 32314		
	Enclosed is a check for the follow	ing amo	ount:				
\$25 Filing Fee			\$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	River Haven Propertie	s LLC			
2. (a) Principal office address of limited liability comp	pany: 9990 Cocon	ut Road Ste 200			
_ (Note: MUST BE STREET ADDRESS)	Bonita Springs, FL 34	135			
(b) Mailing address of limited liability company:	9990 Coconut I	Road Ste 200			
(Note: MAY BE POST OFFICE BOX)	Bonita Springs, FL 34				
3/4/2009	L0000000	2390			
3. Date of filing/registration in Florida	 Document number 	6			
 (a) Registered Agent and Registered Office shown Registered Agent: 	on the records of the Florida Scott R. Whitney	Dept. of State:			
Registered Office Address:	9990 Coconut Road S Bonita Springs, FL 34				
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office add	ress:			
NEW Registered Agent:	Gary Dumas				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9990 Coconut Road S	9990 Coconut Road Ste 200			
	Bonita Springs	"FL <u>34135</u>			
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be idliability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	ne Florida street address of the dentical. Or, in the case of a least of a least of the case	e registered office Florida limited an affirmative vote			
Cory lanes					
Printed or typed name of signed					
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacit e proper and complete perfori y position as registered agent o merely reflect a change in th pany has been notified in writ	y. I further agree to mance of my duties, as provided for in e registered office ing of this change.			
Signature of Registered Agent					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00