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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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G. MCLEOD

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EXAMINER



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Highland Oaks One 10150 Highland Manor Drive, Suite 300 Tampa, FL 33610-9712

December 18, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Riverwood Center, LLC

FEI/EIN Number: 431988461

Dear Sir or Madam:

Enclosed for filing please find:

1. Statement of Change of Registered Agent for the above Limited Liability Company; and

2. The required \$25.00 filing fee made payable to Florida Department of State.

Please return all correspondence concerning this matter to the following:

Opis Management Resources, LLC Attn: LaJeana C. Deane, Corporate Paralegal 10150 Highland Manor Drive, Suite 300 Tampa, Florida 33610.

Should you have any questions, please feel free to contact me at 813-558-6646 or via email at <u>LaJeana.Deane@OpisMR.com</u>.

Sincerely,

LaJeana C. Deane. Corporate Paralegal

Opis Management Resources, LLC

/lcd

Enclosures – as stated

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: Riverwood Center, | ιιc |
|--|---|
| 2. (a) Principal office address of limited liability compa | ans/: 10150 Highland Manor Drive |
| (Note: MUST BE STREET ADDRESS) | Suite 300 |
| (I. W.C. M. C.S. I. D.D. B. I. M. D. M. L. B. S. M. L. | Tampa, Florida 33610 |
| | |
| (b) Mailing address of limited liability company: | 10150 Highland Manor Drive |
| (Note: MAY BE POST OFFICE BOX) | Suite 300 |
| , | Tampa, Florida 33610 |
| | |
| 12/19/02 | L02000034251 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown of | on the records of the Florida Dept. of State: |
| Registered Agent: | Mancuso & Dias, P.A. |
| 3 · · · · · · 3 · · · · · | |
| Registered Office Address: | 5102 West Laurel Street |
| | State 700 |
| | Tampa, Flonda 33607 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: | David Powers, Esquire |
| NEW Registered Office Address: | 7777 Glades Road |
| (MUST BE FLORIDA STREET ADDRESS) | Suite 300 |
| | Boca Raton .FL 33434 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company | e Florida street address of the registered office entical. Or, in the case of a Florida limited costs (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or |
| Win aportaing agreement of the inflict hability company | . I I |
| 11/Cut X MX | * 1 |
| Signature of a member or authorized representative of a member | |
| | <u> </u> |
| Marilyn G. Wood | |
| Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp | d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change. |

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

INHS18 (05/08)

Signature of Registered Age