

L030000000090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

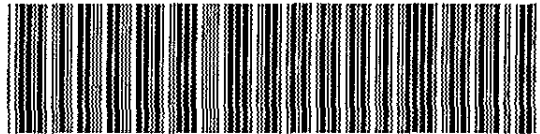
(Business Entity Name)

(Document Number)

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L03-90  
JR

ATTORNEYS AT LAW  
**COHN COHN**  
**& HENDRIX**  
A PROFESSIONAL ASSOCIATION

March 4, 2003

Division of Corporations  
Amendments Section  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: River Shades Suites, LLC  
Our File No. 8019.7228

Dear Sir or Madam:

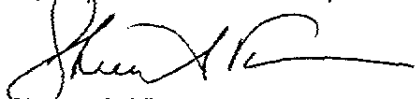
Enclosed please find the original executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with this firm's check for \$25.00 representing the fee for the address change.

Please return confirmation that the same has been completed by your office.

Thank you for your kind assistance in this matter.

Cordially,

COHN, COHN & HENDRIX, P.A.



Sherree A. Vinson  
Paralegal

/sav  
Encl.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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. The name of the limited liability company is: RIVER SHADE SUITES, LLC
2. The mailing address of the limited liability company is: PO BOX 271807, Tampa, FL 33688

1/2/03  
3. Date of filing/registration in Florida

L03000000090  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

VANESSA COHN, ESQUIRE

Name

705 W. AZEELE STREET

Address

TAMPA, FL 33606

City, State and Zip

6. The name and address of the new registered agent and/or office:

VANESSA N. COHN, ESQUIRE

Name

1110 N. FLORIDA AVENUE

Florida street address (P.O. Box **NOT** acceptable)


TAMPA, FLORIDA 33602

FL

City, State and Zip

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SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

VANESSA N. COHN, authorized rep.

(Printed or typed name of signer)

*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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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