## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT CHANGE RIVERWALK AT LAGO MAR, LLC

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Electronic Filing Menu

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Help

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: RIVERWALK AT LAGO MAR, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dang Nguyen

Name of Person

NRAI Corporate Services Inc

Firm/Company

2875 Michelle Dr Ste 100

Address

Irvine, CA 92606

City/State and Zip Code

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

For further information concerning this matter, please call:

Dang Nguyen

a. 949

955-9585

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

**\$25** Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

## 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.

ι.	Nai	ne of the limited liability company: RIVERWALKAT	LAGO MAR, LLC		<u></u> _		
2 (2)		Principal office address of limited liability, some	annia 1816A Banhara Dada	s. 15160 Datringa Daringa.			
۷, زد	(4)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Irvine, CA 92618				
	<b>(</b> b)	Mailing address of the land the state of the					
	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15300 Barrance Perinvay Irving, CA 92618				
		(Note: INTI DE L'ORI DI FICE BOX)		1	P=:		
				7 C 44	25		
2/1	1/2004	<u> </u>	L04000011438		درين سي		
3.	Dat	e of filing/registration in Florida	4. Document number		JH 2	N	
5.	(a)	Registered Agent and Registered Office shown	on the records of the Florida D	ept. of S	tate:	!	
				41.5	<b>E</b>	į	
		Registered Agent:	KRONENGOLD, JEFFREY ESQUIRE	; `'	····	<u>;</u> ;	
		Registered Office Address:	825 CORAL RIDGE DRIVE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>3</b>		
		, , , , , , , , , , , , , , , , , , ,	CORAL SPRINGS, FL 33071	(A) (1)	ego.		
				Ç"			
		NEW Registered Agent:  NEW Registered Office Address:  MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc.  1200 South Pine Island Road				
			Plantation	,FL	3324		
an lia th th	ontin id the abilit e me e ope	imited liability company is not organized under the that after the change or changes are made, the business office of the registered agent will be in y company, it is hereby confirmed that the changembers of the limited liability company or as othe crating agreement of the limited liability company or as other of a member or authorized representative of a member	te Florida street address of the re- lentical. Or, in the case of a Flor e(s) was/were authorized by an erwise provided in the articles of	egistere orida lin affirma	d office sited sive vo	te of	
P	inted	equez, Asst. Transumer of Member or typed name of signee by accept the appointment as registered agent an of with the provisions of all statutes relative to the am familiar with and accept the obligations of my er 608, F.S. Or, it this document is being filed to s, I hereby confirm that the limited liability comp	nd agree to act in this capacity, proper and complete performa position as registered agent a merely reflect a change in the pany has been notified in writin	l furthe ince of n s provid register g of this	r agre ny duti ed for ed offic chang	e lo es, in ce ee.	
Si	gnatu	e of Registered Agent					
		Division of Corporations, P.O. Roy	(6327, Tullahastee E). 32314	1			

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