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SECRETARY AND AM

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: VILLAGES OF RIO PINAR CLUB ASSOCIATION, LLC

Name of Corporation

DOCUMENT NUMBER: L04000044788

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:

DESIREE LINDAHL

Name of Contact Person

SOUNDVIEW PROPERTY MANAGEMENT

Firm/Company

333 17TH STREET, SUITE A

Address

VERO BEACH, FL 32960

City/State and Zip Code

DESIREE@SOUNDVIEWMGT.COM

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

For further information concerning this matter, please call:

DESIREE LINDAHL

...772

234-3005

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2014

DESIREE LINDAHL SOUNDVIEW PROPERTY MANAGEMENT 333 17TH STREET, SUITE A VERO BEACH, FL 32960

SUBJECT: VILLAGES OF RIO PINAR CLUB ASSOCIATION, LLC

Ref. Number: L04000044788

We have received your document for VILLAGES OF RIO PINAR CLUB ASSOCIATION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 014A00018964

RECEIVED

14 SEP 22 PH 2: 45

MENNEY COUNTY OF THE STATES



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) 3. Document number 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 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 605, 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

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

Signature of Registered Agent

his change.