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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	S		<i>1</i> 3		
SUBJECT:	Name of Lir	ΝΝ Σ nited Liability	Company)	·	
Dear Sir or Madam:					
The enclosed Registered Agent/	Registered Office	Change and fo	ee(s) are submitted for	r filing.	
Please return all correspondence	concerning this r	matter to the fo	llowing:		
Robyn (Name of Pe River Re (Firm/Composite Address) Allnetto (City/State and Z	SWE L any)	ce	-	SECRETARY OF STRIPA	OB JUN 12 AN IO: 44
For further information concerns	hesma at (127			
STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301		Registration of P.O. Box 6	f Corporations		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) /2 ~ **==** 13 ~ 0 4/ 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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.

(Printed or typed name of signee)

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 Roystered Agent)

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

RESIGNATION OF REGISTERED AGENT OF RIVER PRESERVE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

Currently, the registered agent for the Florida
Limited Liability Company, RIVER PRESERVE, LLC., is G.
Robert Breeden, 4306 Barracuda Drive, Bradenton, Florida
34208. Pursuant to Florida Statutes 608.416, I, G. Robert
Breeden, hereby give notice of my resignation, effective on
the date indicated below, as registered agent of RIVER
PRESERVE, LLC, and by this document notifies both RIVER
PRESERVE, LLC and the Florida Department of State of such
resignation.

G. Robert Breeden, Date 5/1/08

NOTIFICATION OF NEW REGISTERED OFFICE AND REGISTERED AGENT OF RIVER PRESERVE, LLC, A FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby gives notice of acceptance, effective on the date indicated below, of the appointment as new registered agent of RIVER PRESERVE, LLC, with the new registered office as indicated below, authorized by affirmative vote of the members of RIVER PRESERVE, LLC.

Key PSC	
Print name: Robyw Sherma	٠.
Print Address: 1035 Marco Drive	
St. Peters burg Fla. 33202 3	FIE
THE PERSON SERVICES	J
THIS DOCUMENT SHALL BE FILED WITH THE FLORIDA DEPARTMENT	