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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RIVES TOUS (Name of Limited Liab)	Ment CCC ility Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Dallas E Neel (Name of Person)	
RIVERSILLE Investments U. (Firm/Company)	CT 31 PA
P-0. Box 515 (Address)	PM 2: 45 SEE, FLORIDA
Cotty/State and Zip Code)	
For further information concerning this matter, please cal	II:
Name of Person) at (850)	258 - 4512 (Area Code & Daytime Telephone Number)
Registration Section Re Division of Corporations Di Clifton Building P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	55 Filing Fee & Certified Copy

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

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: LIVENSIGE INVESTMENTS L
2. The mailing address of the limited liability company is: P.O. Box 11
Successful Stration in Florida L0400092565 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: Sammy Lamar Thompson State: B 1494 Puff Road Address Address City, State and Zip
6. The name and address of the new registered agent and/or office: Salas E- Nell
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) Which is the state of Florida, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the member or authorized or granization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) Which is the state of the registered agent will be identical. Or, in the case of a Florida, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the member or authorized or granization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
I hereby ocept 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, thereby 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
FILING FEE: \$25.00