105000058198

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KORSHAK & ASSOCIATES P.A. 8680 Commodity Circle Suite 200B Orlando FL 32819			
(Address)			
(City/State/Zip/Phone #)			
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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 liabil	ity company is: River La	akes Realty Inc.
2. The mailing address of the lin	nited liability company is:	2345 Sand Lake Rd Suite 120B
Orlando F1 32809		
June 13, 2005		L05000058198
3. Date of filing/registration in Florida 4. Document		4. Document number
5. The name of the registered age Florida Department of State:	ent and the registered office	address as shown on the records of the
Le	ee Karina Lima c/o Kor Name	rshak & Associates
2345 Sand Lake Rd Suite 120B		
Address		
Orlando Fl 32809 City, State and Zip		7 Per 5 7
6. The name and address of the n	•	
Le	ee Karina Lima c/o Kor	shak & Associates
Name 8680 Commodity Circle Suite 200B Florida street address (P.O. Box NOT acceptable)		
8680 Commodity Circle Suite 200B		
Florid	da street address (P.O. Box	NOT acceptable)
0	Prlando $_{ m FL}$ 3281	.9
	City, State and Zip	,
confirmed that after the change of and the business office of the reg liability company, it is hereby con	or changes are made, the Floristered agent will be identiced in the change of the company of as otherwise of the change of the c	ws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of a provided in the articles of organization or
Stephon on Kirch	201 /	
(Printed or typed name of signee)	44.	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment comply with the provisions of all and I am familiar with and accept Chapter 608, F.S. Or, if this doc address, I hereby confirm that the	as registered agent and ag statutes relative to the pros of the obligations of my pos ument is being filed to men e limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

FILING FEE: \$25.00

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