L01000032286

(Re	equestor's Name)	
(Ac	ldress)	
(,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
		,
(Bu	siness Entity Nan	ne)
(50	cument Number)	
(20		
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registratio Division of	n Section Corporations	
SUBJECT: Rive	erBend Estates, LLC	
	(Name of Limited Liability Company)	
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:	
	Randy J. Heintz	
	(Name of Person)	
	MGRM	
	(Firm/Company)	7
	5771 Harborage Drive	O7 A SECRI
	(Address)	PR C
	Fort Myers, Florida 33908	A Section of the sect
	(City/State and Zip Code)	PH TY
For further informat	ion concerning this matter, please call:	F.Su PRIDE
Randy	J. Heintz 466-3425	
	(Name of Person) (Area Code & Daytime Telephone	lumber)
Enclosed is a check for	r the following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	Piling Fee, of Status & Copy al copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 limit					
2. The mailing address of	of the limited liability		t Myers, FL 3390		
3-27-2007 L07000032286					
3. Date of filing/registra	tion in Florida	4.	4. Document number		
5. The name of the regist Florida Department of	tered agent and the re	gistered office ad	dress as shown (on the records of the	
•	Business Filings	Incorporated			
		Name			
	1203 Governor's S		e 101		
	Tallahmanaa Si 33	Address			
	Tallahassee, FL 32	y, State and Zip		7.7	
6. The name and address		• .	ice:	O7 AJ SECRI	
	Randy J. Heintz			PR TAS	
		Name		SE SE	
	6771 Harborage Dr	ive		PH PH	
	Florida street addre	ess (P.O. Box NO	OT acceptable)	PH I::	
	Fort Myers	FL 33908		ATE: 51	
	City	, State and Zip		4-	
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement (Signature of a member or author Randy J. Heintz	change or changes are if the registered agent ereby confirmed that mited liability compared of the limited liabi	made, the Florid will be identical. the change(s) was ny or as otherwiselfy company.	a street address of Or, in the case s/were authorized	of the registered office of a Florida limited d by an affirmative vote	
(Printed or typod name of signer	e)				
I hereby accept the approximately with the provision and I am familiar with a Chapter 608, F.S. Or if address, I hereby confirm (Signmure of Registered Agent)	intment as registered ins of all statutes relating accept the obligati this document is bein in that the limited liah	<u> </u>		pacity. I further agree to informance of my dutics, igent as provided for in in the registered office i writing of this change.	
/ / Divisi	on of Corporations, i FILI	P.O. Box 6327, 7 NG FEE: \$25.00		32314	

X