

L09000104556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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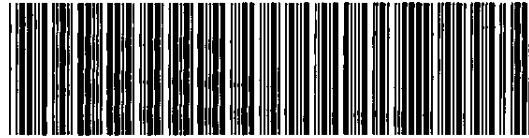
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 7 2011

EXAMINER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: RIVERBEND PM, LLC**  
**Name of Limited Liability Company**

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JO WELLS DAVIS**

Name of Person

**RIVERBEND PM, LLC**

Firm/Company

**P.O. BOX 841**

Address

**JASPER, GA 30143**

City/State and Zip Code

**jdjozach@gmail.com**

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

For further information concerning this matter, please call:

**JERRY F. WELLS**

Name of Person

at ( **850** ) **926-7275**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**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: RIVERBEND PM, LLC

2. (a) Principal office address of limited liability company: 640 ELK TRAIL

(Note: **MUST BE STREET ADDRESS**)

LOT #1753D TALKING ROCK RESORT  
TALKING ROCK, GA 30175 US

(b) Mailing address of limited liability company: P.O. BOX 841

(Note: **MAY BE POST OFFICE BOX**)

JASPER, GA 30143

10/29/2009

3. Date of filing/registration in Florida

4. Document number

L09000104556

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JERRY F. WELLS

Registered Office Address:

154 ROYSTER DR  
CRAWFORDVILLE  
32327-4626

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

JO WELLS DAVIS

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

154 ROYSTER DR  
CRAWFORDVILLE, FL 32327

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.

Jerry F Wells  
Signature of a member or authorized representative of a member

JERRY F WELLS  
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.

Jo Wells Davis  
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2010

JO WELLS DAVIS  
RIVERBEND PM, LLC  
POST OFFICE BOX 841  
JASPER, GA 30143

SUBJECT: RIVERBEND PM, LLC  
Ref. Number: L09000104556

We have received your document for RIVERBEND PM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 710A00029463

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