40000078916

(Requestor's Name)				
(Address)				
•				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200184834282

09/01/10--01009--020 **50.00

20 B SEP - 1 AM 9: 56
SECRETARY OF STATE

T. CLINE

SEP - 2 2010

EXAMINER

COVER LETTER

Division of Corporations			
	rive Developme		<u></u>
Name	of Limited Liabili	ity Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Register	ed Office Change	and fee(s) are submitted for f	īling.
Please return all correspondence concern	ning this matter to	the following:	
Dale A. Dettmer, Esq.	<u> </u>	_	
Name of Person			
Krasny and Dettmer		_	TALL SEC
Firm/Company			AET SEP
304 S. Harbor City Blvd, Su	ite 201	_	20 SEP - 1 AM 9: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address			F.S.
Melbourne, FL 32901			3: 56 TATE ORIDA
City/State and Zip Code			•
jkaufmanassoc@comcast.net E-mail address: (to be used for future annual re	nort notification)	_	
For further information concerning this		:	
Debra Campos	at (321	723–5646	
Name of Person		Area Code & Daytime Telephone Num	iber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	owing amount:		
\$25 Filing Fee		5 Filing Fee & Certified Cop	у

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:Riversi	de Drive Development Group, LLC		
2. (a) Principal office address of limited liability company	y:		
(Note: MUST BE STREET ADDRESS)	304 S. Harbor City Blvd, Suite 20 Melboune, FL 32901		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
July 27, 2010	L10000078916		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept state		
Registered Agent:	Dale A. Dettmer		
Registered Office Address:	304 S. Harbor City 23 d, Suite Melbourne, FL 3290		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address: 05		
NEW Registered Agent:	James M. Kaufman		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	19151 Fox Landing Dr		
	Boca Raton ,FL 33434		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member James M. Kaufman Printed or typed name of signee	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pranal am familiar with and accept the oligotions of my pochapter 608, F.S. Or, if this document is being filed to me address, Thereby confirm that the limited liability companions of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for erely reflect a change in the registered office by has been notified in writing of this change.		

FILING FEE: \$25.00