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TO SEP 29 AN BOILE SECRETARY OF STATE ALLI AHASSEE EL COMP

D. BRUCE

SEP 3 0 2010

EXAMINER

COVER LETTER

то:	Registration Sect Division of Corp							
SUBJ	ECT:Riv	erside Drive D		····				
		Name of	Limited	Liability Co	ompany			
Dear S	Sir or Madam:							
The er	nclosed Registered	Agent/Registered	Office C	hange and f	ee(s) are submitted	for filing.		
Please	return all correspondent	ondence concernin	g this ma	itter to the fo	ollowing:			
_		_						
	ale A. Dettmer	, Esq.						
	IN 2	ime of reison						
K	rasny and Dett	mer						
		rm/Company						
3	04 S. Harbor C	Sity Blvd, Suit	e 201					
•		Address						
. M	elboune, FL 3	2901				<u> </u>	<u></u> -	
	City/S	tate and Zip Code					S O	Many
						EA EA	EP :	
		krasnydettmer.				ARY SSE	29	T
Е	-mail address: (to be use	d for future annual report	notification	n)		E G	J	П
For fu	rther information	concerning this ma	tter, plea	se call:		FLC	H	
						ÄE.	<u>-</u>	
D	ebra Campos		at (321	723–5646	A		
	Name of Per	rson	```` \	Area C	ode & Daytime Telephone	e Number		
	STREET/COUR	TER ADDRESS:		MAILIN	G ADDRESS:			
	Registration Section Registration Section							
		sion of Corporations Division of Corporations p.O. Box 6327						
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florie			1411411455	, 1 1011da 3231 .			
	Enclosed is a ch	eck for the follow	ing amo	unt:				
	XX \$25 Filing Fe	e		\$55 Filing Fee & Certified Copy				

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: Riverside	Drive Development Group, LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	304 S. Harbor City Blvd, Suite 201 Melboune, FL 32901
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	304 S. Harbor City Blvd, Suite 20 Melbourne, FL 32901
July 27, 2010	L10000078916
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	James M. Kaufman
Registered Office Address:	19151 Fox Landing
<u>.</u>	Boca Raton, FL 33434
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Zs 😇 🔘
NEW Registered Office Address:	304 S. Harbor City Blvd, Suite 201
(MUST BE FLORIDA STREET ADDRESS)	Melbourne ,FL 32901
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of member or authorized representative of a member Dale A. Dettmer, Esq.	orida street address of the registered office
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my position of the company of the com	ree to act in this capacity. I further agree to ser and complete performance of my duties, ition as registered agent as provided for in ly reflect a change in the registered office 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