L10000126362

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COVER LETTER

Division of Corporations	
SUBJECT: Right Rudder Name of Limit	River Tours LCC led Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	·
Scott & DAUS Name of Person	
Right Rudder River Tous	
6402 55th SQ Address	
VERO BEACH, FL. 32 City/State and Zip Code	2967
Sottedavis@ mind spring. 6 E-mail address: (to be used for future annual report i	103
For further information concerning this matter, please call	
Scott & Davis an 7	72, 633 8955 5 F
Name of Person	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
Enclosed is a check for the following amount:	
[5]\$25 Filing Fee	5.\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	lame of the limited liability company: $\frac{R'_{19}47}{6402}$	Ru	dder	Rive	- Tours		
2. (a)	6402 55th Sa		(b)	6407	55 th 50	α	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)	Mailing	address of limited lia	bility compan	•
	VERO BEACH, FL 32967	-		VENO	BEACH,	FL 3	29t
	12/09/2010	-	<u> </u>	10000	126362		
3.	Date of filing/registration in Florida	4.		Docu	ment number		
5. (a)	United States Corporation Agen	ds	Ta	-(
*· (*)	Registered Agent and Registered Office shown on the records of the						
	13302 Winding OATS BIVD						
	Registered Office Address (MUST BE FLORIDA STREET AD	DRE	22)				
	SUITE A						
	TAMPA, FLORIDA, FL	33.	617		<u> </u>	2910 NOV	
(b)	Scott & Davis					0 - F	nager
	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice a	ddress:		*	<u>-रा</u> (ग	-1=1, }
	6402 55th SQ VERO	BE.	AC 17	, AL	= 1 - 1;		اسطان محمد
	NEW Registered Office Address:		, , -,	/	(1) 1-	**	
	32967						
	,						
	, FL						
agent w was/we the artic	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the class of organization or the operating agreement of the ling.	ie reg ility c he lir	istered compan nited li	office and the second	ne business office	of the regis	stered
oignai	ture of a member or authorized representative of a member			Printed	or typed name of sign	nee	

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 Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

Signature of Registered Agent