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| (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: | | | | | | | |
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Office Use Only



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03/21/18--01013--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORID

S. WARREN MAR 2 2 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 19, 2018

Order#: 122368/030

Re: 7702 RIVERGATE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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 comp | any: 7702 RIVERO | SATE LLC | <u></u> | | | |
|--|--|---|---|--|--|--|--|
| 2. (a) | | | (b) |) | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P.O. BOX 311029 | | | |
| | 5118 N 56TH STREET | | | | | | |
| | TAMPA, FL | | | TANADA | FL 33680 | | |
| | 77 37 7 3, 1 12 | 33610 | | <u>I AIVIEA, I</u> | -L 33060 | | |
| | 03/14/2012 | | | L1200003 | 36125 | | |
| 3. | Date of filing/registrati | ion in Florida | 4. | | Document nu | umber | |
| 5. (a |) | | | | | | |
| \ | Registered Agent and Registered Office | e shown on the records | of the Florida | Dept. of State: | : | | |
| MCINTYRE, RICHARD J, ESQ. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 501 EAST KENNEDY BOULEVARD SUITE 1900 | | | | | | | |
| | | | | | | | ş |
| | | | | | | | |
| | TAMPA | , F | FL 33602 | | | LAHA | TI - |
| | | | | | | ASA SSA | |
| (b) | Corporation Service Company | | | | | 333 | TT) |
| | Enter name of NEW Registered Agen | it and/or NEW Register | EW Registered Office address: | | | | |
| | 1201 Nove Chart | | | | | AM II: OS DE STATE E. FLORID. | |
| | 1201 Hays Street NEW Registered Office Address: | | | | | | |
| | 11511 Augustored Office Address. | | | | | | |
| | | | | | | | |
| | Tallahassee | , F | FL 32301 | | | | |
| If the | limited liability company is not o | roanized under the l | aws of the | State of Flo | rida it is her | ahu confirmad | that after |
| the ch | ange or changes are made, the Flo | orida street address | of the regist | tered office | and the busin | ness office of t | he registered |
| agent | will be identical. Or, in the case | of a Florida limited | liability con | mpany, it is | hereby confi | irmed that the | change(s) |
| the ar | vere authorized by an affirmative ticles of organization or the opera | ting agreement of the | ne limited li | ability com | pany. | as otherwise p | provided in |
| /S/ / | ALBERTO DE ALEJO | | Albei | rto De Alejo | , Authorized | Person | |
| Sign | ature of a member or authorized represen | | Printed or typed name of signee | | | | |
| the ob to me | eby accept the appointment as regions of all statutes relative to the iligations of my position as registrely reflect a change in the registrely writing of this change. | gistered agent and a proper and comple ered agent as provid ered office address, | gree to act le performa ded for in C I hereby co | in this capa nce of my d hapter 605, nfirm that t | city. I furthe luties, and I a F.S. Or, if t he limited lia | er agree to con am familiar withis document i ability compan | nply with the th and accept is being filed y has been |
| Signat | LINGE CTUDY | Sarriag Company | RV: Cr | aca E Virl | by Acet Vi | ca Pracidant | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00