Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000333136 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |  |  |
|-------|----------|--|--|--|
|       |          |  |  |  |
|       |          |  |  |  |

## LLC REGISTERED AGENT CHANGE 7702 RIVERGATE LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

ı,

## 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.                               | Na                                   | me of the limited liability company: 7702 Rivergat   | e LLC                                       |   |   |                 |  |                                 |
|----------------------------------|--------------------------------------|--|---|---|---|-----------------|--|---------------------------------|
| 2.                               |                                      | 5118 N 56TH STREET   | ſŧ  | P.O. <b>B</b> o   | ox 311029   |                 |  |                                 |
| ۷. ۱                             | (a)                                  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | _ 、   |   | Mailing address of limite (Note: MAY BE POS   |                 |  | :                               |
|                                  |                                      | TAMPA, FL 33610  | _   | TAMPA   | , FL 33680  |                 |  |                                 |
|                                  |                                      | 03/14/2012   | _   | L1200003  | 36125   |                 |  |                                 |
| 3.                               |                                      | Date of filing/registration in Florida   | 4.  | -   | Document number   |                 |  |                                 |
| 5.                               | (2)                                  | CORPORATION SERVICE COMPANY  |   |   |   |                 |  |                                 |
| J.                               | ,                                    | Registered Agent and Registered Office snown on the records of the 1201 HAYS STREET  |   |   | -<br>e;<br>-  |                 |  |                                 |
|                                  |                                      | Registered Office Address (MUST BE FLORIDA STREET A  | ODRES.                                      | <u>Σ)</u>   |   |                 |  |                                 |
|                                  |                                      | TALLAHASSEE, FL  | 32301                                       |   |   |                 | 2011                                       |                                 |
|                                  | (b)                                  |  |   |   |   |                 | 2018 NOV 20                                |                                 |
|                                  | (U)                                  | Enter name of NEW Registered Agent and/or NEW Registered   | Office ac                                   | ldress:   | -   | S               | 2 A(                                       | **                              |
|                                  |                                      | Corporate Creations Network Inc.   |   |   | _   | RY OF<br>SEE. F | O AH                                       | i<br>[                          |
|                                  |                                      | NEW Registered Office Address:   |   |   |   | [0]<br>[3]      | =  | C                               |
|                                  |                                      | 11380 Prosperity Farms Road #221E  |   |   | _   | RIO.            |  |                                 |
|                                  |                                      | Palm Beach Gardens, FL   | 33410                                       |   | _   | <b>*</b> ***    | 9  |                                 |
| the<br>age                       | cha<br>nt v                          | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited lia-<br>ter authorized by an affirmative vote of the members of<br>cless of organization or the operating agreement of the   | the regi<br>ability coff the lin            | istered offici<br>ompany, it i<br>nited liabilit            | e and the business of<br>s hereby confirmed<br>y company or as oth  | thee of the c   | he regis<br>:hange(                        | stered<br>s)                    |
|                                  |                                      |  | Da  | nielle Gos  | sman, Attorney-   |                 |  |                                 |
| I h<br>pro<br>the<br>to i<br>not | ere<br>ovisi<br>obl<br>nero<br>ified | ture of a member or enhorized representative of a member of a accept the appointment as registered agent and agricing of all statutes relative to the proper and complete equitions of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.  Denielle Gossman, Species of Registered Agent. | ee to ac<br>perform<br>d for in<br>hereby c | t in this cap<br>lance of my<br>Chopter 6112<br>onfirm that | Printed or typed name<br>acity. I further agre<br>duttes, and I am fan<br>S. F.S. Or, if this do<br>the limited liability | •••             | ply with<br>h and a<br>v being<br>v has be | h the<br>occept<br>filed<br>een |
| _                                |                                      |  |   |   |   |                 |  |                                 |

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