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C. LEWIS

JUN 4 2014

EXAMMER

COVER LETTER

Division of Corporations				
SUBJECT: RIVIDIA POINT BUSINGS CONFOR A DOWN MUNUGIMENT LLC. Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Rodrigo Acpuvua Name of Person				
Riviera Point Business Center at Donal Management LLC. Firm/Company				
201 South Biscayne Blvd. Suite 905 Address				
Miami, Floida 33131 City/State and Zip Code				
L'mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pudrigo Azpulua at (305) 433-3397 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:				
■ \$25 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	Name of the limited liability company: <u>Riviera Poir</u>	HBW	ineas Cente	rat Dinal M	nanageme	nt Lu
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Ma	n Bismyre iling address of limited Note: MAY BE POST	d liability compan	y:
	Miami, Florida 33131		<u>Miami</u>	Florida 3	3131	
2	4/25/2013			00061491		
3.	Date of filing/registration in Florida	4.	D	ocument number		
5. (a	Registered Agent and Registered Office shown on the records of	f the Floria	la Dent of State:			
	1000 5. Pine 161and 20.	, the riorid	ia Dept. of State.			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>			
			_			
	Plantation, F	l <u>33</u>	394		14 MAY	-
/1 \	Miami, Aaga Llo				1 2 1	<u> </u>
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office at	ddress:			
	201 South Biscaune Blud	<u>. 5u</u>	1te 905		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1
	NEW Registered Office Address:					
	Miami . FI	LBB	121			
	<u>Marina</u> , Fi	د <u>رين</u>	<u> </u>			
If the	limited liability company is not organized under the la nange or changes are made, the Florida street address o	iws of the	e State of Floridistered office a	da, it is hereby cor	nfirmed that af	ter istered
agent	will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members	iability c	ompany, it is h	ereby confirmed the	hat the change	(s)
the ar	ticles of organization or the operating agreement of the	e limited	liability compa	any.	•	u 111
Sign	nature of a member or authorized representative of a member	2	<u>, odriđo</u>	ACPUYUA rinted or typed name o	fcionea	
I hor	abvaccant the appointment as registered agent and an	waa to a	et in this canac	itu. I further aare	a to comply wi	th the
provi the ol	sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	e perforn ed for in	nance of my du Chapter 605, I	ties, and I am fami 7.S. Or, if this doc	iliar with and i	accept filed
to me notifi	rely reflect a change in the registered office address, I ed in writing of this change.	héreby d	confirm that the	? limited liability c	ompany has b	éen
) / fame					
Signa	ture of Registered Agent	_				
	Division of Corporations • P.O.	Box 632	7• Tallahasse	e, FL 32314		

FILING FEE: \$25.00

TATTO LO ZOZE A