L13000 112862

(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:	

Office Use Only



400275163804

07/28/15--01008--008 **25.00

TILED

15 JUL 28 AM 10: 43
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RIVESIDE VIGAE Start ((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:
Steva G. Vitali
Stevy G V tale DA.
211 S. Worado Are Suite 2
Straff Fl 34994
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Steven J. Jack at () J. Steven J.
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:
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

submits	nt to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company the following statement in order to change its registered office or registered agent, or both, in the State of
Florida	PINECOLO 11/kg of the stall
1. Na	me of the limited liability company:
2. (a)	227 Roya Poinciana Way (b) P.O. BUX 415
	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	19/1 Selich PC 35480 Strat PC 34713
	8/9/13 4/3000112882
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Vitale, Steven
J, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	50 (E Duy Klu) #202
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	7/99T/ DSE 5
	57 VV , FL 5 7 1 4
(b)	Vitage (teven
•	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Solid So
	NEW Registered Office Address:
	Suite =
	7/00/
	STV4/ F ,FL 3499 7
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the char	nge or changes are made, the Florida street address of the registered office and the business office of the registered
agent w	rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the artic	cles of organization or the operating agreement of the limited liability company.
//	Fredri Benten
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
I hereb	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provision the oblit to mere notified	by accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the consolvent and accept the performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
	
Signatur	t of Registered Agent