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COVER LETTER

TO: Registration Section Division of Corporations									
,									
SUBJECT: River House 642 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:									
Manuel L. Crespo, Esq.									
Name of Person									
Greenspoon Marder									
Firm/Company									
600 Brickell Avenue, 36th Floor									
Address									
Miami, FL 33131									
City/State and Zip Code									
manuel.crespo@gmlaw.com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
To future mornation concerning this matter, prease can.									
Manuel L. Crespo at (305) 546-3931									
Name of Person Area Code & Daytime Telepho	one Number								
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section									
Division of Corporations Division of Corporations									
Clifton Building P.O. Box 6327									
2661 Executive Center Circle Tallahassee, Florida 32314									
Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									
☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy									
INHS18 (2/14)									

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

Pursu submi Floria		e its regisi	tered offi	ce or regi	undersigne stered age	ed limit nt, or l	ted liability company both, in the State of
1. N	ame of the limited liability company:R	IVER HOU	SE 642	LLC			
2. (a)	4100 N Miami Avenue		(b)_	4100 N	Miami A	venue	
, ,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Second Floor			
	Second Floor						
	Miami, FL 33127		_	Miami,	FL		33127
	05/27/2015		-1	L150000	93398		
3.	Date of filing/registration in Florida		4.	D	ocument ni	ımber	
5. (a)	Manuel L. Crespo, Esq.						
J. (4)	Registered Agent and Registered Office shown on the r	ecords of the	Florida De	pt. of State:			
	201 Alhambra Circle, Suite 1	205					•
	Registered Office Address (MUST BE FLORIDA S		DRESS)				
	Coral Gables	, FL	33134		}**	j.	20 10 10 10 10 10 10 10 10 10 10 10 10 10
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>			•	TE T		T
	NEW Registered Office Address: Manuel L. Crespo, Esq. Greenspoon Marder 600 Brickell Ave., 36th Floor				* Coxide	VIS.	D :: 21
	Miami	FI	33131				
the chi agent was/w the art	limited liability company is not organized under ange or changes are made, the Florida street act will be identical. Or, in the case of a Florida liere authorized by an affirmative vote of the modules of organization or the operating agreement of a member or authorized representative of a member of a memb	Idress of the imited liabi embers of the lin	of the Sta e register lity comp he limited	nte of Florice a carry, it is had liability compa	nd the busi ereby confi company or	ness off irmed the as othe	hat the change(s) erwise provided in
I here provis the ob to mer notifie	by accept the appointment as registered agent ions of all statutes relative to the proper and colligations of my position as registered agent as ely reflect a change in the registered office add in writing of this change. The of Registered Agent	and agree omplete pe provided fo dress, I her	rjormanc or in Cha eby confi	this capaci e of my du pter 605, I rm that the	ity. I furthe ties, and I d I.S. Or, if t to limited lid	er agree im fami his doc ibility C	e to comply with the
	Division of Corporations	 P.O. Box 	: 6327● 7	laliahasse	e, FL 3231	4	

FILING FEE: \$25.00