

L160000 56154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

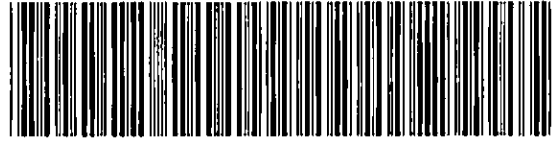
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200306681212

02/16/18--01008--001 \*\*25.00

200306681212

FEB 19 2018  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rich River Proportions 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:

John Soybort

Name of Person

Firm/Company

982 Douglas Avenue Suite 100

Address

Altamonte Springs, FL 32714

City/State and Zip Code

richriverllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Rivera

310

994-1220

Name of Person

Area Code & Daytime Telephone Number

**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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2018

JOHN SEYBERT  
982 DOUGLAS AVENUE SUITE 100  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: RICH RIVER PROPERTIES LLC  
Ref. Number: L16000056154

We have received your document for RICH RIVER PROPERTIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 018A00001888

RECEIVED  
FEB 14 2018

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. Name of the limited liability company: Rich River Properties LLC
2. (a) 221 Sonoma Valley Circle  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Orlando FL 32835
- (b) 12203 Magnolia Blvd. #212  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
N. Hollywood CA 91607
3. 01/24/2018  
Date of filing/registration in Florida
4. L16000056154  
Document number

5. (a) Michael R. Rivera  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
221 Sonoma Valley Circle Orlando FL 32835  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) Susan C. Hendrich  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
221 Sonoma Valley Circle  
NEW Registered Office Address:  
Orlando, FL 32835

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michael R. Rivera  
Signature of member or authorized representative of a member  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Susan C. Hendrich  
Signature of Registered Agent

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