11600119706

(Re	questor's Name)	<u>.</u>					
(Address)							
(Address)							
(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
. (Bu	siness Entity Nar	me)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



600292495336

11/21/16--01031--006 **25.00



NOV 22 777

COVER LETTER

TO:	Registration Section Division of Corporations	*			
SUBJE	Rivers Building & Construction I	LC			
	Name of	Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.			
Please r	return all correspondence concerning this ma	tter to the following:			
Xzavi	er Davon Rivers				
	Name of Person				
Rivers	Building & Constructon LLC		ı		
	Firm/Company		<u> </u>	<u>o</u>	
			手 記 記	NOV 21 PM 3: 52	
	Address	·	別名		ILED
Pensa	ecola, Florida 325		183 183 183 183 183 183 183 183 183 183	ب	
	City/State and Zip Code			52	
rbccor	mpany.llc@gmail.com				
E-	mail address: (to be used for future annual r	eport notification)			
For furt	her information concerning this matter, plea	se call:			
Xzavie	er D. Rivers	850			
	Name of Person	Area Code & Daytime Telephone N	lumber		
	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 amo	unt:			
	☑ \$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

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: RIVERS B	UILDING	8	CONSTRUCTIO	N LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2512 West Strong Street		(b)	Mailing addre	ess of limited liability company: OF BE POST OFFICE BOX G Street
		Pensacola, FL 32505			Pensacola, FL 32	-
		11/15/2016			L16000119706	
3.		Date of filing/registration in Florida	4.		Document	number
5.	(a)	EDNA RIVERS				
		Registered Agent and Registered Office shown on the records 2300 WEST MICHIGAN AVE,	s of the Florid	da 1	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	SS)		
		APT 46				78 4
		PENSACOLA	FL_32526	6		ECRET
((b)	XZAVIER DAVON RIVERS				ANY C
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office a	dd	ress:	
		2512 West Strong Street				1 3: 52 STATE LORIDA
		NEW Registered Office Address:				A 2
		Paracala	0050			
		Pensacola	FL_3250	5 		
the age wa	cha ent w s/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the memberles of organization or the operating agreement of	s of the reg d liability or rs of the linted the limited	gist cor mi I li	ered office and the bi mpany, it is hereby co ted liability company	usiness office of the registered onfirmed that the change(s)
18	ignat	ure of a member or authorized representative of a member			Printed or t	yped name of signee
pro the to not	obli obli neve ifiet	by accept the appointment as registered agent and completes of all statutes relative to the proper and complete to the proper agent as proving reflection change in the registered office address in writing of this change.	agree to a lete perforn ided for in s, I hereby	ct i na Ci coi	in this capacity. I fur nce of my duties, and hapter 605, F.S. Or, nfirm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been
Sig	natur	e/df Registered Agent				

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