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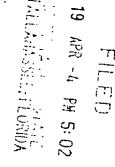
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APR 13 2019 S. YOUNG

COVER LETTER

SUBJECT: Rivermist Enterprises, 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:				
Christin J. Kuck Name of Person				
Rivermist Enterprises, LLC Firm/Company				
13341 86th Ave				
Seminole FL 33776 City/State and Zip Code				
Christin Kuck a gmail com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Christin Kuck at (727) M73 _ 795 3 Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section				

Division of Corporations

Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (2/14)

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

25 Filing Fee

Clifton Building

Registration Section

Division of Corporations

TO:

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	ame of the limited liability company: Rivermist En	terprises.LL
	13341 86th Ave (b) 13341	Bloth Ave
	INOTE ACTION OF CONTRACTOR	ddress of limited liability company: MAY BE POST OFFICE BOX)
	Seminole FL 33776 Semin	nole FL 33776
	3128)2017 L 17000	DAND CD
3.	Data addition to the state of t	0 700 5 8 ent number
5. (a)	United States Corporation Agents, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	13302 Winding Oak Court	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		
	Tampa FL 33612, FL	· 28 19
41.5	a buistin View	APR F
(b) <u>-</u>	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	NEW Registered Office Address:	(S): 5
	_	02 DA
	Seminole FL 33776	
	, FL	
If the lin		
	nited liability company is not organized under the laws of the State of Florida, it in age or changes are made, the Florida street address of the registered office and the ill be identical. Or, in the case of a Florida limited liability	Landing and the Control of the Contr
was/wer	e authorized by an affirmative vote of the members of the limited liability company	
	les of organization or the operating agreement of the limited liability company.	
Signatu	re of a member or authorized representative of a member Printed o	J. Kuck r typed name of signee
I hereby provision the obligato to merely notified	y accept the appointment as registered agent and agree to act in this capacity. If ns of all statutes relative to the proper and complete performance of my duties, at gations of my position as registered agent as provided for in Chapter 605, F.S. Of y reflect a change in the registered office address. I hereby confirm that the limite in writing of this change.	urther agree to comply with the ad I am familiar with and accept r, if this document is being filed ad liability company has been

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

Signature of Registered Agent