

**L17000 140508**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

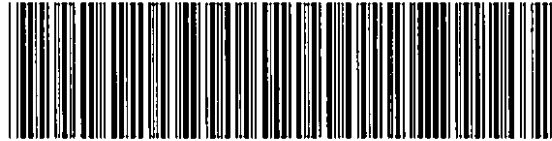
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2018 SEP 26 PM 2:13

**T. CLINE**

SEP 28

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2018

LINDSAY RIVENBURGH  
201 MALVERN DRIVE  
VENICE, FL 34293

SUBJECT: RIVENBURGH TRANSPORTATION LLC  
Ref. Number: L17000140508

We have received your document for RIVENBURGH TRANSPORTATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 118A00019185

RECEIVED

2018 SEP 29 AM 1:44

2018 SEP 28 PM 2:19

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Rivenburgh Transportation

\_\_\_\_\_  
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:

Lindsay Rivenburgh

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

201 Malvern Drive

\_\_\_\_\_  
Address

Venice, FL 34293

\_\_\_\_\_  
City/State and Zip Code

rivenburghtransportation@gmail.com

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

For further information concerning this matter, please call:

Lindsay Rivenburgh

at (\_\_\_\_\_) 518-361-8495

\_\_\_\_\_  
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

2010 SEP 28 PM 2:19

**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: Rivenburgh Transportation

2. (a) 201 Malvern Drive

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Venice, FL 34293

(b) 201 Malvern Drive

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Venice, FL 34293

6/28/17

3. Date of filing/registration in Florida

L17000140508

4. Document number

5. (a) LEGALINC CORPORATE SERVICES, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 400

FORT MYERS, FL 33907

(b) Lindsay Rivenburgh

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

201 Malvern Drive

**NEW** Registered Office Address:

Venice, FL 34293

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.

Lindsay Rivenburgh  
Signature of a member or authorized representative of a member

Lindsay Rivenburgh

Printed or typed name of signee

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.

Lindsay Rivenburgh  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

2018 SEP 28 PM 2:19