## L18000159765

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
| (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: |  |  |  |  |  |
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Office Use Only



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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

| Liability Company                    |
|--------------------------------------|
| industry Company                     |
|                                      |
| nd fee(s) are submitted for filing.  |
| e following:                         |
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| ification)                           |
|                                      |
|                                      |
| ) 672-5511                           |
| Area Code & Daytime Telephone Number |
| MAILING ADDRESS:                     |
| Registration Section -               |
| Division of Corporations             |
| P.O. Box 6327                        |
| `allahassee, Florida 32314           |
|                                      |
| \$55 Filing Fee & Certified Copy     |
|                                      |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

| r tortaa.                                |  |  |   |  |
|--|--|--|---|--|
| 1. Name                                  | of the limited liability company: <b>RIVER</b>   | CITY GA  | MER SQUAD   |  |
| 2. (a) <u>1</u>                          | 79 Scotland Yard Boulevard Principal office address of limited liability company   |  | 179 Scotland Yar  |  |
|  | ( <u>Note: MUST BE STREET ADDRESS</u> )  | ·•   | Mailing address of lim<br>( <u>Note: MAY BE Pe</u>  | OST OFFICE BOX   |
| 9  | Baint Johns, FL 32259  |  | Saint Johns, FL   | 32259  |
|  | 06/29/2018   |  | L1800015976   | 5  |
| 3.                                       | Date of filing/registration in Florida   | 4.   | Document number   | er   |
| Reg                                      | United States Curporation Agent gistered Agent and Registered Office shown on the recommendations of the state of the stat | ts, Inc.<br>ds of the Florida De   | ept. of State:  | n.   |
|  | 13302 Winding Oak Court gistered Office Address (MUST BE FLORIDA STRI  | EET ADDRESS)   |   |  |
|  | Init A   |  |   | 7013-JUL-5 MINO: 28  |
|  | Tampa  | , FL <u>33612</u>  | <u> </u>  |  |
| (b) <u></u>                              | Zuben Flores   |  |   | .28  |
| Ente                                     | er name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>   | tered Office addre   | <u></u> :   | •  |
|  | 179 Scotland Vard Boulevard W Registered Office Address:   | <del></del> .  |   |  |
| 2  | Paint Johns  |  |   |  |
| _  | Saint Johns  | , FL <u>3225</u> °   | 1   |  |
| the change<br>agent will b<br>was/were a | ed liability company is not organized under the or changes are made, the Florida street address be identical. Or, in the case of a Florida limite outhorized by an affirmative vote of the member of organization or the operating agreement of  | ss of the register<br>ed liability comp<br>ers of the limited<br>`the limited liab | red office and the business<br>pany, it is hereby confirmed<br>d liability company or as of<br>offity company.            | office of the register<br>I that the change(s)<br>therwise provided in                       |
|  |  | Pub  | om Lincoln Flores,<br>Printed or typed nam  | Ir.  |
|  | of a member of authorized representative of a member   |  |   |  |
| provisions<br>the obligati<br>to merely  | ccept the appointment as registered agent and of all statutes relative to the proper and compions of my position as registered agent as proeffect a change in the registered office address of this change.  | agree to act in<br>dele performanc<br>vided for in Cha<br>s, I hereby confi        | ms capacity. I further ay<br>e of my duties, and I am fa<br>pter 605, F.S. Or, if this d<br>irm that the limited liabiliy | ree to compty with the<br>miliar with and acce<br>ocument is being file<br>ocompany has been |

Signature of Registered Agent