

L18 000 288158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RIVIERA LAW GROUP PLLC

\_\_\_\_\_  
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:

JOAN BURTON JENSEN

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

SIGURD JENSEN CO.

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

806 SOUTH DOUGLAS ROAD, SUITE 580

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

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

jbj@jensig.com

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

For further information concerning this matter, please call:

JOAN BURTON JENSEN

305

987-3199

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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.*

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

806 SOUTH DOUGLAS ROAD, SUITE 580

CORAL GABLES, FLORIDA 33134

L18000288158

JOAN BURTON JENSEN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES FL 33134

**NEW** Registered Office Address:

CORAL GABLES, FL 33134

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent

INHS18 (2/14)