Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000122739 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

čσ	្រា <u>ច្</u> នុម្សារពទ	l report	mailings.	Enter	only	one	emaiĺ	address	please	. * *
<u></u>	EEE S	•	,		•				•	
≆ ⊑	Email	Address	:							
ā.	그림									
رحص	그=경임									
ì							m 0	ANCE		
es y	- 524	LI	LC REGIS	TERE	DAC	ĿΝ	TCH	ANGE		
	돌보다		323 CIR	CLEI	DRIV	FR	IVII	C		
	:50J		JES CIII	· CLL I	71/1 4		_,,_,			

LLC REGISTERED AGENT CHANGE 323 CIRCLE DRIVE BLV, LLC

on**Enter the email address for this business entity to be used for future

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

APR 0 4 2024

K. Brumbley

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	ame of the limited liability company:	RIVE BLV, LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
			
	03/05/19	L190000	063035
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	MEEHLE. SUZANNE D, ESO.		
· (117	Registered Agent and Registered Office shown on the records		
	1215 E CONCORD STREET		
(b)	Registered Office Address IMUST BE FLORIDA STREE		
	ORLANDO	FL_32803	2024
	Northwest Registered Agent LLC	2024 APR -3	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	7901 4th St N	프	
	NEW Registered Office Address:	29	
	STE 300		
	St. Petersburg	33702	<u></u>
he cha igent v vas/we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the control of the contro	of the registered of liability company, s of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in
/Signat	ture of a member of authorized representative of a member		Printed or typed name of signee
l herel provisi he obli o mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as providily reflect a change in the registered office address, I in writing of this change.	gree to act in this c te performance of r led for in Chapter (I hereby confirm th	variacity. I finither agree to comply with the
	Taylor Newman - Assistant	_	