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To:

Division of Corporations

To: 18506176383

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE **RIVERVIEW 204, LLC**

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K. SALY

NOV 2 0 2024

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 Ni	ame of the limited liability company:	.C 			
2 (a)		(b)			
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1400 1st avenue west apt #102	140	1400 1st avenue west apt #102		
	BRADENTON FL 34205	BR	BRADENTON FL 34205		
	05/24/19	L190	000140524		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MORIARTY, BRENDEN S				
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records of				
	1001 THIRD AVENUE WEST				
	Registered Office Address (MUST BE FLORIDA STREET).	202			
	SUITE 650				
	BRADENTON . FL	HOV 19 PI			
(p)	Registered Agents Inc	TALLAHASSEL FLORIS			
	Enter name of NEW Registered Agent and/or NEW Registered				
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg , FI.	33702			
the cha agent v was/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members calles of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
in	ru - A	Robin Jor			
Signal	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I if myriting of this change.	performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept uer 605, F.S. Or, if this document is being filed in that the limited liability company has been		

Signature of Registered Agent