

h19000211581

(Requestor's Name)

(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:

Office Use Only



000371314060

SECRETARY OF STATE  
TALLAHASSEE, FL.

2021 SEP -2 AM 8:15

FILED

SEP - 7 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 SEP -2 PM 11:49

August 25, 2021

WILLIAM TURNAGE  
188 OTERO PT  
ST AUGUSTINE, FL 32095

SUBJECT: RIVERBEND PRODUCE, LLC  
Ref. Number: L19000211581

We have received your document for RIVERBEND PRODUCE, 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):

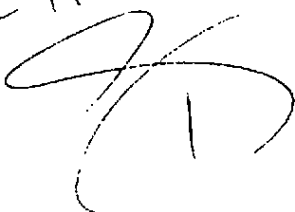
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 621A00020385

*Apologies,  
I think it's complete now*  


## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Riverbend Produce LLC

**SUBJECT:** \_\_\_\_\_  
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:

William S Turnage

Name of Person

Riverbend Produce, LLC

Firm/Company

188 Otero Pi

Address

St. Augustine FL 32095

City/State and Zip Code

turnages@icloud.com

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

For further information concerning this matter, please call:

William S Turnage 904 838-6759

Name of Person

Area Code &amp; 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

**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.*

Riverbend Produce, LLC

1. Name of the limited liability company: 188 Otero Pt

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

St. Augustine FL 32095

Mailing address of limited liability company:

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

3. \_\_\_\_\_ 4. \_\_\_\_\_

ReLegal, LLC

5. (a) \_\_\_\_\_

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
816 AIA North, Suite 204

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Ponte Vedra Beach 32082

FL

(b) William A. O'Leary  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3430 Kori Road

**NEW Registered Office Address:**

Suite 4

Jacksonville FL 32257

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.

[Signature]  
Signature of a member or authorized representative of a member

William B. Tomase  
Printed or typed name of signer

*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.*

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**

**FILED**  
2021 SEP -2 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FL