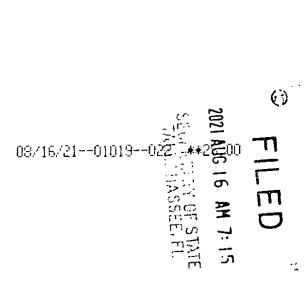


(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, ,
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Addison)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Dasiness Link) reality
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	[
	Special Instructions to Filing Officer:







COVER LETTER

TO: Registration Section Division of Corporations							
Rivendell Holding LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	lice Change a	and fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to 1	the following:					
Tammy Rowe							
Name of Person							
Valley Ranch Partners							
Firm/Company							
9045 Strada Stell Court, Suite 500							
Address							
Naples, FL 34109							
City/State and Zip Code							
rowe@valleyranchpartners.com							
E-mail address: (to be used for future ann	ual report no	otification)					
For further information concerning this matter,	please call:						
Tanuny Rowe	239 at (384-6445					
Name of Person		Area Code & Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		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					

INHS18 (2/14)

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.

1. N	Iame of the limited liability company:	ng LLC			
2. (a)	c/o Valley Runch Partners		(b) c/o Valley Ranch Partners		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)	
	9045 Strada Stell Court, Suite 500		9045 Str	ada Stell Court, Suite 500	
	Naples, FL 34109		Naples, I	FL 34109	
	July 19, 2021		L2100032	5925	
3.	Date of filing/registration in Florida	4.		Document number	
5 (0)	Adam C. Kerlek				
5. (a)	Registered Agent and Registered Office shown on the records of 4001 Tamiami Trail N	f the Flo	orida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET Suite 105	ADDR	ESS)	<u> </u>	
	Naples, FI	34103 L	3		
(b)	Composition Service Company			FIL SEALE AND 16	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		
	1201 Hays Street			- 8 M	
	NEW Registered Office Address:			D F STATE EE, FL	
	Tallahassee , FI	32301		—	
change agent v was/w	imited liability company is not organized under the lare or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered office a company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	- `		Printed or typed name of signee	
понуве	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I I d in writing of this change.	ree to d perfor d for in hereby	nct in this cap mance of my 1 Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	NCHALI NUCATOLA				
Signatu	re of Registered Agent				