## 122000016569

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Z	(ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	intity Name)			
(Document Number)				
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## COVER LETTER

Division of Corporations			
Real Estate on the Riviera, LLC.  SUBJECT:			
	Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to th	ne following:		
Leslie Artze			
Name of Person	<del></del>		
Kendrick Law Group			
Firm/Company			
630 N. Wymore Rd. Ste 370			
Address			
Maitland, FL 32751			
City/State and Zip Code			
leslie@kendricklawgroup.com			
E-mail address: (to be used for future annual report not	tification)		
For further information concerning this matter, please call:			
Leslie Artze 407	641-5847		
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		

## 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	ame of the limited liability company: Real Estate on th	ne Riviera, I	LLC	<del> </del>	
2. (a)		(b	)		
` / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1500 Town Plaza Ct.		1500 Tow	n Plaza Ct.	
	Winter Springs, FL 32708		Winter Sp	orings, FL 32708	
	01/07/2022		1.22000016	5568	
3.	Date of filing/registration in Florida	4.	<del></del>	Document number	
z ()					
5. (a)	Registered Agent and Registered Office shown on the records of	t the Florida	Dept. of Sta	te:	
	TAKACS, JOSEPH A, JR		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del></del>	_	
	1010 EAST RIVIERA BLVD		•		
	Oviedo F	L 32765			
		-		FIL 2022 FEB 28 SECRETARY FALL AHASSE	
(b)	Enter name of NEW Registered Agent and/or NEW Registere				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	dress:	28 28 F	
	Jessica Hallgren Kendrick, PLLC				
	NEW Registered Office Address:				
	630 N. Wymore Rd. Ste 370			. 17	
	Maitland . F	1. <u>32751</u>			
16.1. 1			C. CEL	_	
change agent v was/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability coi of the limi c limited li	d office an mpany, it i ited liabilit ability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the obi to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a shange in the registered office address, I d'in writing of this shape of the	ree to act performa d for in C hereby co	in this cap mce of my hapter 60: nfirm that	acity. 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	
Signatu	re of Registered Agent				