# Florida Department of State Division of Conferation

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.

(((H23000407858 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:					



### LLC REGISTERED AGENT CHANGE RIVERLAND APARTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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#### **COVER LETTER**

	gistration Section rision of Corporations						
SUBJECT:	Riverland Apartments LLC						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.				
Please retur	n all correspondence concernin	g this matter to the	: following:				
Lori Whaler	n						
	Name of Person		<del></del>				
Registered A	Agent Solutions, Inc.						
<u> </u>	Firm/Company						
Corporate C	enter One, 5301 Southwest Pkwy,	Ste 400					
	Address	-					
Austin, TX	78735						
	City/State and Zip Co	de					
E-mai	l address: (to be used for future	annual report noti	fication)				
For further	information concerning this ma	tter, please call:					
Lori Whaler	n	888 at (	705-727 <b>4</b>				
	Name of Person	,	Area Code & Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the follow	ving amount:					
<b>-</b> 5	325 Filing Fee		555 Filing Fee & Certified Copy				
INHS18 (2/1	4)						

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## 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.

I. Na	ame of the limited liability company: Riverland Apartr	ments LLC				
2. (a)	585 BOYLSTON ST 4TH FLOOR	(b) 585	BOYLSTON ST 4TH FLOOR			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	BOSTON, MA 02116	BOS	STON, MA 02116			
	1/5/2023	L2300	00003483			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	TRAC - THE REGISTERED AGENT COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. o	of State:			
	Registered Office Address 236 E. 6TH AVE	ADDRESS)	<del></del>			
	TALLAHASSEE , FL	32303	207			
(b)	Registered Agent Solutions, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	2023 NOV 29				
	2894 Remington Green Ln.					
	NEW Registered Office Address:					
	Ste. A		<del></del>			
	Tallahassee	32308				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office bility company of the limited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in			
/s/	Jaclyn Wright	Jaclyn Wri	ight Authorized Person			
	ture of a member or authorized representative of a member		Printed or typed name of signee			
provisi the obl to mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the provided in writing of this change.	ce to act in this performance of I for in Chapte tereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been			
Fin	Mackenzie Hibler, Asst. Secret	tary				
экупаси:	re of Registered Agent					