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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

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

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LLC REGISTERED AGENT CHANGE RIVIRJAX LLC

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To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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. N	ame of the limited liability company: RIVIRJAX LLC				
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 BON)		
2	06/02/23	L230002779	· ·		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a					
	Registered Agent and Registered Office shown on the records of				
		7901 4TH ST			
	Registered Office Address (MUST BE FLORIDA STREET				
	SUITE 14627				
	ST. PETERSBURG	33702			
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	4: 3 <u>-</u>		
	7901 4th St N				
	NEW Registered Office Address:		-		
	STE 300				
	St. Petersburg	33702			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the registered office lability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in		
Sign	ature of a member of authorized representative of a member		Printed or typed name of signee		
There provis the ob to men natibe	thy accept the appointment as registered agent and age tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide light of the reflect a change in the registered office address, I writing of this change. David Roberts Assistant S	e performance of my ed for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
Signati	ure of Registered Agent	-			