

L25000 143872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

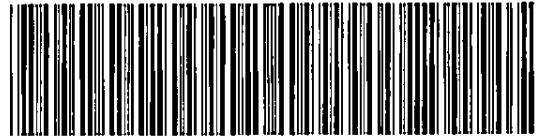
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN - 3 2025

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2025 JUN -2 PM 12:12

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2025 JUN -2 PM 4:17
JUN -2 2025
JUN -2 2025



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 06/02/25
Order #: 2678005-1
Re: RIVERLAND REALTY PARTNERS II, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over a horizontal line.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverland Realty Partners II LLC

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:

Andrew Kaplan, Esq.

Name of Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

200 East Broward Blvd. Ste. 2000

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

AKaplan@bakerdonelson.com

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

For further information concerning this matter, please call:

Andrew Kaplan, Esq.

609

490-4842

at (_____) _____

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. Name of the limited liability company: Riverland Realty Partners II LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>2107 St. Georges Avenue</u> <u>Rahway, NJ 07065</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>2107 St. Georges Avenue</u> <u>Rahway, NJ 07065</u>
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3. <u>April 2, 2025</u> Date of filing/registration in Florida	4. <u>L25000143872</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Epstein Becker & Green, P.C.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
201 East Kennedy Blvd. Ste. 1260
Tampa, FL 33602

(b) Baker, Donelson, Bearman, Caldwell & Berkowitz, PC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

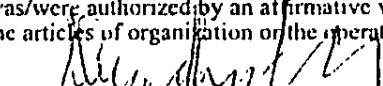
Attn: Andrew Kaplan, Esq.

NEW Registered Office Address:

200 East Broward Blvd. Ste. 2000

Ft. Lauderdale, FL 33301

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 of a member or authorized representative of a member

Daniel Sawicki

Printed or typed name of signee

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 of Registered Agent

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

FILED
2025 JUN -2 PM 12:12