M0500005065

·			
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(only) orange in the my			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Sasinoss Entry Hamo)			
(Document Number)			
Certified Copies Certificates of Status			
<u> </u>			
Special Instructions to Filing Officer:			
•			

Office Use Only



300156816683

06/15/09--01023--019 **25.00

SECRETARY OF STATE TALLAHASSEE.FLORIDA

FILED

T. CLINE

JUN 1:6 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		ement Limited Liability Company Limited Liability Company	
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this matter to the following:	
	Martha Griffiths Name of Person		
	name of reison		
	River Management Limite Firm/Company	<u>d</u>	
	2226 Wooster Road Address	SEC!	2009
	Rocky River, Ohio 44116 City/State and Zip Code	CRETARY OF STAT	2009 JUN 15 PM 12: 2
E	aantal@griffiths-group.cor -mail address: (to be used for future annual report	notification)	12:21
For fu	rther information concerning this mat	tter, please call:	
	Martha Griffiths Name of Person	at (440)227-6035 Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the followi	ng 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 608.416 or 608.508, 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:	River Management Limited
2. (a) Principal office address of limited liability compan	y: 2573 Escada Court
(Note: MUST BE STREET ADDRESS)	Naples, FL 34109
(b) Mailing address of limited liability company:	2226 Wooster Road
(Note: MAY BE POST OFFICE BOX)	Rocky River, Oh 44116
9/7/2005	M0500005065
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Corpdirect Agents, Inc
Registered Office Address:	515 E. Park Avenue Tallahasee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: NEW Registered Office Address:	W Registered Office address 7 15 ARRY OF STATE 10 10 10 10 10 10 10 10 10 10 10 10 10
(MUST BE FLORIDA STREET ADDRESS)	Naples ,FL34109
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating/agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Martha Griffiths Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, iffinis document is being filed to me address, I hereby confirm that the limited liability compand the limited liability compand	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y 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