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To:

Division of Corporations

Fax Number : (85

: (850)617-6383

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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 RIVIERA TFL LLC

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M. SOLOMON

FEB - 1 2024

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: RIVIERA TEL 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:

Mark Fuchs
Name of Person
ile Right RA Services, LLC
Firm/Company
425 37th Street, Suite 201
Address
trooklyn, NY 11218
City/State and Zip Code
gent@fileacorp.com
E-mail address: (to be used for future annual report notification

Name of Person

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

878-5811

718

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

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INHS18 (2/14)

Sara Ringel

2024 JAN 31 AM 9:

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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.

1. N	ame of the limited liability company: RIVIERA	TFL LL	<u>. C</u>
2 (a)	58] N FRANKLIN TURNPIKE	(b)	
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	RAMSEY, NJ 07446		
3.	12/27/2021		M21000017583
	Date of filing/registration in Florida	4.	Document number
5 (a)	Business Filing Incorporated		
J. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dep	t. of State:
	1200 South Pine Island Rd, Plantation, FL 33326		>≥
	Registered Office Address (MUST BE FLORIDA STREET)	2924	
	•		
			P
(b)	File Right RA Services, LLC		•
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
			.'΄ ω
	625 E Twiggs Street, Ste. 110		
	NEW Registered Office Address:		
			
	Tampa, FL 33602		
chang agent	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered o ability compo of the limited	flice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Mark Fuchs		uchs, Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete sligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to act in t performance d for in Chap hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
/s/ 	Mark Fuchs		
Signal	ure of Registered Agent		H240000387573