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11/03/08--01006--022 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Riverside Estates Proporty Association, Inc. (Name of Corporation)		
DOCUMENT NUMBER: NOOD 003733		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person)		
Community Management Services) no		
5837 Trouble Creek Road (Address)		
Mew Art Richen PC 34652 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (727) 816-9900 (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

$\hbox{\tt •STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS }$

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Kives de Estates Property Association, Inc
2. The principal office address: 5837 Truble Crosk Ruas
New Firt Kickey FC 34652
3. The mailing address (if different): 5837 Indo Creek Road
New 137- Kichen PC 34652
4. Date of incorporation/qualification: 6/9/00 Document number: 100000003733
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
New Port Richer FC 34655 FE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Community Management Services Inc. 700 5837 Toublo Creek Road
Community the region of the control
(P.O. Box NOT acceptable)
New Port Richery FC 34652
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) TAMES LARRIVER (Printed or typed name and title)
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
alkfisaldkfi (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *