

NO 200000 1702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

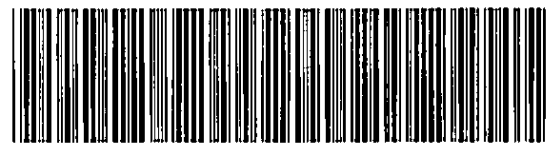
(Business Entity Name)

(Document Number)

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09/21/21--01020--000 ++25.00

10/20/21--01005--004 ++10.00

2021 OCT 15 PM 12 42  
CLERK OF SUPERIOR COURT  
STATE OF MICHIGAN

FILED

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A RAMSEY

\* 00789, 06342, 00671

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RIVERBEND MOTORCOACH RESORT CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N02000001762

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:

Stephania Silva  
Name of Contact Person  
Association Legal Services  
Firm/Company  
12600 World Plaza Ln- Bldg#63  
Address  
Fort Myers, FL 33907  
City/State and Zip Code  
silva@associtionlegalservices.com

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

For further information concerning this matter, please call:

Stephania Silva at ( 239 ) 887-4276  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 15 AM 8:24

October 1, 2021

STEPHANIA SILVA  
ASSOCIATION LEGAL SERVICES  
12600 WORLD PLAZA LN #63  
FORT MYERS, FL 33907 US

SUBJECT: RIVERBEND MOTORCOACH RESORT CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N02000001762

We have received your document for RIVERBEND MOTORCOACH RESORT CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 221A00023819

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIVERBEND MOTORCOACH RESORT CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: 5800 WEST STATE RD. 80 LABELLE, FL 33935

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/12/2002 Document number: N02000001762

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)

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

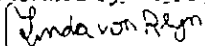
Association Legal Services

12600 World Plaza Ln- Bldg # 63 Fort Myers, FL 33907

P.O. Box NOT acceptable

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.



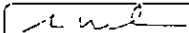
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Signature of an officer or director

Linda Von Reyn

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.*



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Signature of Registered Agent

10/12/2021

Date

If signing on behalf of an entity:

Leland Wilson

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)

2021 OCT 15 PM 12:42  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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