

No2451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

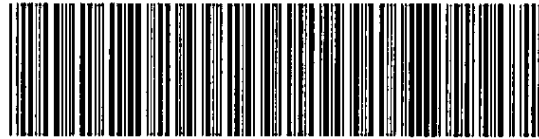
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2019

RIVER BRIDGE PROPERTY OWNERS' ASSOCIATION, INC.
100 RIVER BRIDGE BLVD.
GREENACRES, FL 33413

SUBJECT: RIVER BRIDGE PROPERTY OWNERS' ASSOCIATION, INC.
Ref. Number: N02451

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

PLEASE RETURN THE CHECK ALONG WITH THE DOCUMENT BEING
FILED.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 119A00021871

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Property MGR
Kyrste Lea
Change of Registered
Agent Application
Attached (5d) 968-
6054

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: River Bridge Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N02451

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:

Howard Slifkin

Name of Contact Person

Property Management Resources

Firm/Company

4000 S. 57th Ave, #101

Address

Greenacres, FL 33463

City/State and Zip Code

howards.pmr@gmail.com

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

For further information concerning this matter, please call:

Howard Slifkin

Name of Contact Person

561 969-2700

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

**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: River Bridge Property Owners' Association, Inc.
2. The principal office address: 100 River Bridge Blvd., West Palm Beach, FL 33413
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/10/1984 Document number: N02451

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)

Dicker, Krivok & Stoloff, P.A.

1818 Australian Ave South, Suite 400

West Palm Beach, FL 33409

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

Stoloff & Manoff, P.A.

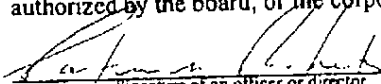
1818 Australian Ave South, Suite 400

P.O. Box NOT acceptable

West Palm Beach, FL 33409

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

Patricia M. Roberts, Pres.

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

9/20/19

Date

If signing on behalf of an entity:

Laurie G. Manoff, Esq.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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