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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kiverside VIVIAS, INC. Name of Corporation
DOCUMENT NUMBER: NOYOOOO8415
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:
Jane F. Bolin, ESq. Name of Contact Person
Peyton Bolin, PL Firm/Company
4758 West Comprercial Blvd. Address
Fort Lauderdale, FL 33319 City/State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call: Heather Peyton at (154) 316-1339 Name of Course Person Area Code & Daytime Telephone Number
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.
1. The name of the corporation: Kiverside Villas, Inc.
2. The principal office address: 112 SW 14th AVC
Fort Lauderdale, FL 35312
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 27 04 Document number: NO400008415
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)
Allen Mathew F.
7125W14MAVe #4
Fort Lauderdale, FL 30312 55 5 7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PeytonBolin, PL
4758 W COMMERCIAL BWd. P.O. Box NOT acceptable
Fort Lauderdalt, FL 83319
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 VOEL W LAWEY TREASURER 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:
Typed or Printed Name

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