

N05770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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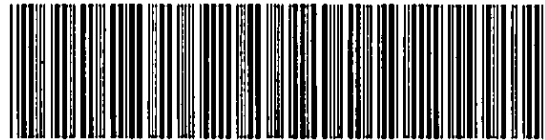
(Business Entity Name)

(Document Number)

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PMollengarden@KBRLegal.Com

*BOARD CERTIFIED SPECIALIST IN
CONDOMINIUM AND PLANNED
DEVELOPMENT LAW

November 21, 2019

VIA REGULAR U.S MAIL

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

RE: Riverview North Condominium Association, Inc.

Dear Sir/Madam:

This firm represents Riverview North Condominium Association, Inc. (the "Association"). Enclosed please find a Cover Letter and Statement of Change of Registered Agent form regarding the Association (Document No.: N05770). Also enclosed is check No. 000080 in the amount of \$35.00 to cover the cost of filing the registered agent change with the Division.

If you have any questions, please do not hesitate to contact the undersigned.

Warmest Personal Regards,

KAYE BENDER REMBAUM, P.L.

Peter C. Mollengarden, Esq.
For the Firm

PCM/vt
Enclosures

Additional Office Locations:

BROWARD County:
1200 PARK CENTRAL BLVD, SOUTH
POMPANO BEACH, FL 33064
Tel: (954) 966-0000 Fax: (954) 770-0010

MIAMI-DADE County:
SATELLITE OFFICES BY
APPOINTMENT ONLY

HILLSBOROUGH County:
1211 N. WESTSHORE BLVD, SUITE 409
TAMPA, FL 33607
Tel: (813) 289-1100 Fax: (813) 289-1101

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Riverview North Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05770

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:

Brittany Moorhead
Name of Contact Person

Benchmark Property Management
Firm/Company

7932 Wiles Road
Address

Coral Springs FL 33067
City/State and Zip Code

Brittany@benchmarkpm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany at (954) 344-5353
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 NOV 25 PM 12:01

**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: Riverview North Condominium Association, Inc.
2. The principal office address: c/o Benchmark Property Management 7932 Wiles Road
Coral Springs, FL 33067
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/22/1984 Document number: N05770
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)

Mollengarden, Peter

250 S Australian Ave, 5th Floor

West Palm Beach, FL 33401

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

Kaye Bender Rembaum, P.L.

1200 Park Central Blvd. South

P.O. Box NOT acceptable

Pompano Beach, FL 33064

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.

Way D Moore
Signature of an officer or director

Wayne D. Moore, Pres. BAD
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]
Signature of Registered Agent

11/21/19
Date

If signing on behalf of an entity:

Peter C. Mollengarden, 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

CR2E045 (03/12)

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DIVISION OF CORPORATIONS
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