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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL `
(Busi	ness Entity Nam	e) :
(Docu	ıment Number)	 * ;
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	
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PAMS C. S.

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.
PINAT PORTO
1. The hame of the corporation.
2. The principal office address: /// KING LING BUDD.
SARASOTA, FLA 34236
3. The mailing address (if different): 1771 KINGLING BLUD SARA SOTA, FLA 34236
4. Date of incorporation/qualification: 9-14-06 Document number: NO60000 973 S
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)
LIGHTHOUSE PROPERTY MANAGEMENTS
The prose vertex 1 191111100111001110011100111001110011
16 Chorch STREET BAY
OSPROY, FLA. 34229
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ADEUS PARALLE MANAGONEAL
TROVS TROTERTY THIND HOPENETO
P.O. Box NOT acceptable
SARASOYA, FLA.
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.
Michael KLAUBER U-P
Signature of are of director 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.
286 FAM2 12-2-09
Signature of Registered Agent Date
If signing on behalf of an entity:
DeB GIFFORD

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

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RIVO AT RINGLING CONDOMINIUM ASSOC. IN Name of Corporation
DOCUMENT NUMBER: NO6 00000 9735
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:
Deb GIFFORD Name of Contact Person
ARGUS MANAGEMENT COMPANY Firm/Company 247) STICKNEY PT. Rd #118 Address
247) STICKNEY PT. Rd #118
SARASOYA, FLA 3423 2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Bette Fritz at 941, 957-1370 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