

ND7000010227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

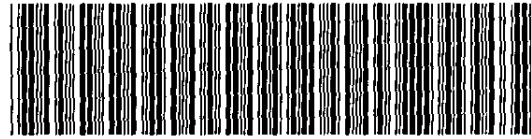
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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09/30/13--01025---001 **35.00

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called 10/15/13

13 OCT 15 PM 12:06

FILED
SEAL OFFICE STATE
TALLAHASSEE FLORIDA

OCT 16 2013
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

CHAD M. MCCLENATHEN, ESQ.
CHAD M. MCCLENATHEN, P.A.
783 S. ORANGE AVENUE, SUITE 210
SARASOTA, FL 34236-4702

sil

SUBJECT: RIVE ISLE ASSOCIATION, INC.
Ref. Number: N07000010227

We have received your document for RIVE ISLE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer or director must sign the Statement of Change of Registered Officer OR Registered Agent OR Both authorizing the adoption of the change.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 613A00023575

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Rive Isle Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N07000010227

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:

Chad M. McClenathen, Esq.

Name of Contact Person

Chad M. McClenathen, P.A.

Firm/Company

783 S. Orange Avenue, Suite 210

Address

Sarasota, FL 34236-4702

City/State and Zip Code

chad@mcclenathenlaw.com

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

For further information concerning this matter, please call:

Chad M. McClenathen, Esq at 941 552-1088

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

**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: Rive Isle Association, Inc.
2. The principal office address: 11820 Rive Isle Run
Parrish, FL 34219
3. The mailing address (if different): 2600 Douglas Road, Suite 505
Coral Gables, FL 33134
4. Date of incorporation/qualification: 10/19/2007 Document number: N07000010227
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)

Chad McClenathen, Esq.

1820 Ringling Boulevard

Sarasota, FL 34236

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

Chad McClenathen, Esq.

783 S. Orange Avenue, Suite #210

P.O. Box NOT acceptable

Sarasota, FL 34236-4702

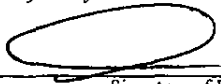
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

9/26/13

Date

If signing on behalf of an entity:

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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 OCT 15 PM 12:06