Division of Corporations Electronic Filing Cover Sheet

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(((H230000141053)))



H230000141053ABCQ

| To: | Division of Corporations | <u></u> |
|-------|---|--------------|
| | | - جزر د م |
| | Fax Number : (850)617-6380 | လွ |
| From: | | in W |
| | Account Name : C T CORPORATION SYSTEM | <u> </u> |
| | Account Number : FCA000000023 | r |
| | Phone : (954)208-0845 | |
| | Fax Number : (614)573-3996 | |
| | | |
| | the email address for this business entity to be used for | |

REGISTERED AGENT CHANGE RIVE ISLE ASSOCIATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | I |
| Page Count | 02 |
| Estimated Charge | \$43.75 |

Electronic Fling Menu

Corporate Filing Menu

Help

From David Thomas

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge . | ovisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida , e is submitted for a corporation organized under the laws of the State of [| FI. | this | _ | | |
|------------------------------------|--------------------------------|--|--------------------------------------|----------------------------------|------------------|--|--|
| | | change its registered office or registered agent, or both, in the State of F | ·lorida, | | | | |
| 1. The name of t | the c | corporation: RIVE ISLE ASSOCIATION, INC. | | | _ | | |
| 2. The principal | offic | ige address: 4301 32nd Street West A20 Bradenton, FL 34205 | | | _ | | |
| 3. The mailing a | ddre | ress (if different): | | | _ | | |
| 4. Date of incorp | porat | ation/qualification: 10/19/2007 Document number: N070000 | 10227 | | | | |
| | | reet address of the current registered agent and registered office on file wi ent of State: (If resigned, enter resigned) | ith the | | | | |
| | МС | CCLENATHEN, CHAD M | _ 65 | 26 | | | |
| 6. The name and (if changed): | 783 | 3 S. ORANGE AVENUE SUITE #210 | 2023 JAN 1 1 SECAL JAH TALLAH/ | | | | |
| | ŞAF | ARASOTA, FL 34236-4702 | A A | 5× = | | | |
| | l stre | reet address of the new registered agent (if changed) and /or registered of | ASSEE. | | | | |
| | () | Corporation System | 골목 | TATI | | | |
| | 120 | 00 South Pine Island Road P.O. Box NOT acceptable | | | | | |
| | | | | | | | |
| | Plat | artation, Florida 33324 | - | | | | |
| The street addre | ss of be in | of its registered office and the street address of the business office of it identical. | s register | ed agen | ıt, | | |
| Such change wa authorized by th | is au ie bo | uthorized by resolution duly adopted by its board of directors or by an ourd, or the corporation has been notified in writing of the change. | officer so | 9 | | | |
| | | | resident | t | | | |
| • | | an officer or director Printed or typed name and in | ile | | - | | |
| i furthër agrée t | n en d I a ng fi beei | doppointment as registered agent and agree to act in this capacity, ohiply with the provisions of all statutes relative to the proper and con an familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address. I herely in polifical in writing of this change, stem | iplete per dagent, w confirt | forman Or, if th n that th | ice jis je | | |
| | | 01/06/2023 | | | - | | |
| _ | | e of Registered Agent Date | | | | | |
| If signing on be | half | f of an entity: | | | | | |
| Terric Bates, Ass | | | | | | | |
| 17 | אכנו טו | * * * FILING FEE: \$35.00 * * * | | | | | |
| | | | | | | | |
| M/ CR2E045 (04/13) | AH, T | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. | 32314 | | | | |

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