

N11000003975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

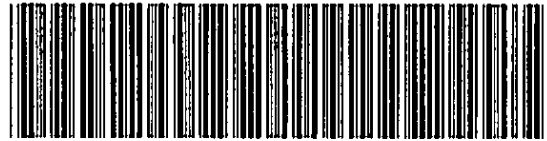
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA Change

AUG 23 2022

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**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: Riva Trace Homeowners Association, Inc.
2. The principal office address: 4301 32nd St. W., Ste. A-20, Bradenton, FL 34205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/20/2011 Document number: N11000003975
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)

Law Offices of Lobeck & Hanson, P.A.

2033 Main St, #403

Sarasota, FL 34237

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

Becker & Poliakoff, P.A.

1819 Main Street, Suite 905

P.O. Box NOT acceptable

Sarasota, FL 34236

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.

Robert W. Klass
Signature of an officer or director

ROBERT W. KLOSS, SECRETARY - 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]
Signature of Registered Agent

5/11/22

Date

If signing on behalf of an entity:

Kevin L. Edwards, 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 (04/13)