

N18984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

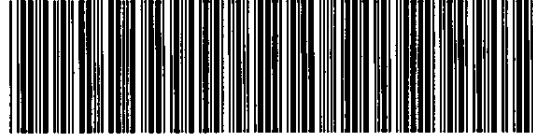
(Business Entity Name)

(Document Number)

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SEP 15 2015

C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: RIVER PARK PLACE CONDO ASSOC INC  
Name of Corporation

DOCUMENT NUMBER: N18984

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:

SHERI SANNER  
Name of Contact Person

SWFL CAM SERVICES  
Firm/Company

10231 METRO PKWY #104  
Address

FORT MYERS FL 33966  
City/State and Zip Code

Sheri@SWFLCAM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERI SANNER at ( 239 ) 243-8700  
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: RIVER PARK PLACE CONDO ASSOC INC
2. The principal office address: 4230 SE 20TH PLACE  
CAPE CORAL FL 33904
3. The mailing address (if different): C/O SWFL CAM SERVICES  
10231 METRO PKWY #204, FORT MYERS FL 33966
4. Date of incorporation/qualification: 01/28/1987 Document number: N18984
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)

SILVERCRESTED MANAGEMENT LLC  
1490 NE PINE ISLAND ROAD 8-D  
CAPE CORAL FL 33909

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

SWFL CAM SERVICES  
10231 METRO PKWY #204  
P.O. Box NOT acceptable  
FORT MYERS FL 33966

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

Cathy Faillo, CAM  
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

8/29/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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