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(((H22000019673 3)))



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To: Division of Corporations Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)765-7274 Fax Number : (888)706-7274

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

mail	Address:	 			
*IIIGTT	Audi ess.	 		 	

REGISTERED AGENT CHANGE RIVER LANDING COMMUNITY ASSOCIATION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RIVER LANDING COMMUNITY ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: N20000007880
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:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at (888) 7 05-7 27 4 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of ch	provisions of sections 607.0502, 6 ange is submitted for a corporation er to change its registered office or	ı organized ı	ınder the laws of the	State of FLORIDA				
	. 0		NITY ASSOCIATIO					
	address (if different):			N20000007880				
5. The name an	poration/qualification: 07/22/20 d street address of the current regis utment of State: (If resigned, enter NRAI SERVICES, INC.	tered agent a	Document number: _ ind registered office o	on file with the				
	1200 SOUTH PINE ISLAND ROAD							
	PLANTATION		FL 33324		2022			
6. The name and (if changed):	street address of the new registere Registered Agent Sol			tered office	2022 JAN 14 PH 12: 32			
	155 Office Plaza Dr.	S	uite A		:214			
	Tallahassee	P.O BOX NOT EX	жерыне 32301		32			
The street addre	ess of its registered office and the second control of the second	street addres	s of the business off	ice of its registered a	igent,			
-	as authorized by resolution duly ac the board, or the corporation has be		board of directors on writing of the chain					
	e of an officer or director		Printed or typed na	une and title				
hereby alcept I firther agree to of my duties, and document is being corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	nt and agreed is tatutes really action in the registance.	e to act in this capac lative to the proper a of my position as re tered office address	ity. Ind complete perfori gistered agent. Or I hereby confirm thi	nance if this at the			
Hode	windst	01/	12/2022					
Sugning on bel	nalf of an entity:		Detc					
	Assistant Secretary							
	ped or Printed Name							

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