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(((H22000019659 3)))



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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I2010000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address:	 _	 		

REGISTERED AGENT CHANGE RIVER LANDING TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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TO:

H22000019659 3

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: RIVER CANDING TOWNER Name of Corporation	OMES HOMEOWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: N200000	08942
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	g 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 ar	nnual report notification)
For further information concerning this mat	iter, please call:
Mary Castillo	at (888) 7 05-7 27 4
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	o the Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation or to change its registered office on	n organized	under the laws of the	State of FLORIDA
1. The name of	the corporation: RIVER LANDIN	IG TOWNH	OMES HOMEOWNE	ERS ASSOCIATION, INC.
	office address: 3922 COCC	NUT PA	LM DRIVE, SUIT	ΓΕ 1085
3. The mailing a	address (if different):			
	poration/qualification: 08/13/20		_Document number: _	N20000008942
	d street address of the current regis rtment of State: (If resigned, enter NRAI SERVICES, INC.		and registered office of	on file with the
	1200 SOUTH PINE ISLA	ND ROA)	
	PLANTATION		FL 33324	
6. The name and (if changed):	street address of the new registere Registered Agent Sol			tered office
	155 Office Plaza Dr.		Suite A	
	Tallahassee	P.O Box NOT	32301	
Such change was authorized by the	s of its registered office and the see identical. s authorized by resolution duly act board, or the corporation has be of an other or director. the appaintment as registered age comply with the provisions of all completes the complete	dopted by it en notified Jack	s board of directors of in writing of the chair yn Wright, Assistant Se Printed of typed in	r by an officer so Change.
document is bein corporation has	he appointment as registered age comply with the provisions of all I am familiar with and accept the girled merely to reflect a change been notified in writing of this change at Resuscond Agent		/12/2022	gistered agent. Or, if this I hereby confirm that the
If signing on beh			Dute	
Mackenzie Hart, A	·			
	ed 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)