N29307

(Requ	estor's Name)	
(Addre	ess)	
(Addre	200)	 -
(Addit	533)	
(City/s	State/Zip/Phon	e #)
_		_
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(555)	,	,
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer;	
، م		
LYA.		

Office Use Only



000392604680

08/12/22--01010--007 *+35.00

SEURETARY OF STATE OF CORPORATION

I WERING NOW 29 YOU

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: RIVIERA CLUB VILLAGE HOMEOWNERS' ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N29307 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: Kevin T. Wells, Esquire Name of Contact Person Law Offices of Wells | Olah | Cochran, P.A. Firm/Company 3277 Fruitville Road, Building B Address Sarasota, FL 34237 City/State and Zip Code kwells@kevinwellspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dawn Honeycutt Name of Contact Person

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chan	ge is submitted for a corporation organized under the laws of the State of Florida
	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: RIVIERA CLUB VILLAGE HOMEOWNERS' ASSOCIATION, INC.
2. The principal o	ffice address: c/o C&S Community Management Services, Inc.
	4301 32nd Street W. #A-20, Bradenton, FL 34205
3. The mailing ad	dress (if different):
4. Date of incorpo	pration/qualification: 11/16/1988 Document number: N29307
5. The name and s	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
,	Wells, Kevin T, Esq.
_	1800 Second St. Suite 808
:	Sarasota, FL 34236
6. The name and : (if changed):	street address of the new registered agent (if changed) and /or registered office
1	Law Offices of Wells Olah Cochran, P.A.
;	3277 Fruitville Road, Building B
· -	P.O. Box NOT acceptable
<u>;</u>	Sarasota, FL 34237
The street addres	is of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Reg	of an officer or director Printed or typed name and title
<u> </u>	he appointment as registered agent and agree to act in this capacity, of an officer or director the appointment as registered agent and agree to act in this capacity, of a complete performance of a complete performance of a complete performance of an implication of a complete performance of a complete p
1	77/1/1/ 8-9-2822
Sign	ature of Registered Agent Date
If signing on beh	alf of an entity:
Kevin T. Wells	
Тур	ped 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)