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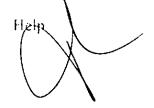
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REGISTERED AGENT CHANGE

RIVER LANDINGS BLUFF OWNERS ASSOCIATION, INC.

Certificate of Status	()
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Page Count	02
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Electronic Filing Menu Corporate Filing Menu



From: David Thoma-

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

2023-01-11 13:41:55 CST

statement of change	isions of sections 607,0502, 617,0502, 607, is submitted for a corporation organized un- change its registered office or registered ag	der the laws of the State of <u>FL</u>			
1. The name of the c	prporation: RIVER LANDINGS BLUFF OW	NERS ASSOCIATION, INC.			
2. The principal office	ce address: 4301 32ND ST WSTE A-20 BRAL	DENTON, FL 34205			
	ess (if different):				
4. Date of incorporat	ion/qualification: 02/01/1990 D	ocument number: \(\frac{\text{\tint{\tint{\text{\tint{\text{\tint{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex			
5. The name and stre Florida Departmen	et address of the current registered agent and at of State: (If resigned, enter resigned)		2023 JAN		
Naj ——	jiny Thompson		Z -		
140	Ol 8th Ave W	,	7		
Bra	Henton, FL 34205	ŭ	M 8: 36		
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and for registered office				
€.	Corporation System				
1200 South Pine Island Road					
P.O. Box NOT acceptable					
Pla	ntation, Plorida 33324				
The street address o as changed will be i	Tits registered office and the street address identical.	of the business office of its reg	istered agent,		
Such change was au authorized by the bo	thorized by resolution duly adopted by its dard, or the corporation has been notified in	board of directors or by an offic i writing of the change.	er so		
Mered	Lith Holz Ma	redith Hoitz Pres	sident		
Signature of a	an officer or director	Printed or typed name and title	<u>sident</u>		
I further agrée to co of my duties, and I a document is beine fi	appointment as registered agent and agree chiply with the provisions of all statutes relain familiar with and accept the obligation ded merely to reflect a change in the regist in notified in writing of this change.	to act in this capacity, ative to the proper and complete of my position as registered age ered office address. I hereby co.	e performance int, Or, if this ufirm that the		
	01:09				
21fturquia	e of Registered Agent	Date			
If signing on behalf	of an entity:				
Terrie Bates, Assistan	secretary				
Typedic	or Printed Name				
	* * * FILING FEE: \$35	.00 * * *			
MAIL 1 CR2E045 (04-13)	Make Checks payable to Florida L to: Division of Corporations, P.O. Box	DEPARTMENT OF STATE (6327, TALLAHASSEE, FL 3231	.1		

By: