N9300000 S439

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:
	_





900436460599

09/13/24--01018--007 **35.00



COVER LETTER

TO:	Amendment Section Division of Corporations		
SHBJ	JECT: RIVERWOODS HOMEOWNERS ASSOCI	IATION, INC	
Name	e of Corporation		
DOC	CUMENT NUMBER: N93000005439		
The e	enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing	3 .
Pleas	se return all correspondence concerning this mat	tter to the following:	
Rand	li Rabin		MUN SEP 13 PM 4: 24 SECRETARY OF STATE
•	e of Contact Person		
	n Parker Gurley, P.A.		一声 写 写
	/Company		54 6
	McCormick Drive		1572
Addi			Soc F
	rwater, FL 33759		ECO F.
City/	/State and Zip Code		72
	donnaplant96@gmail.com		一品
E-m	nail address: (to be used for future annual re	port notification)	
For f	further information concerning this matter, plea	ase call:	
Ranc	di Rabin	at (727)475-5535	
	Name of Contact Person	at (727)475-5535 Area Code & Daytime Telepho	ne Number
Encl	losed is a \$35.00 check made payable to the De	epartment of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

4. 1. 150

Tallahassee, FL 32314

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

. .

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: RIVERWOODS HOMEOWNERS ASSOCIATION, INC
2. The principal	office address: 10420 Marvin Jones Blvd., Live Oak, FL 32064
3. The mailing a	ddress (if different): P O Box 4759, Dowling Park, FL 32064
4. Date of incorp	poration/qualification: 11/22/1993 Document number: N93000005439
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Decker, Andrew J., III
	320 White Avenue, SE
	LIVE OAK, FL 32064
6. The name and (if changed):	LIVE OAK, FL 32064 d street address of the new registered agent (if changed) and /or registered office Rabin Parker Gurley, P.A. 2653 McCormick Drive P.O. Box NOT acceptable Clearwater, FL 33761
	Rabin Parker Gurley, P.A.
	2653 McCormick Drive
	P.O. Bus NOT acceptable Clearwater, FL 33761
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
T. OTVIO	m. Pent Dorwa m. PLANT, TREASURER re of an officer or director Printed or typed name and title
I hereby accept I further agree of my duties, an document is be corporation by	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed movely to reflect a change in the registered office address, I hereby confirm that the water notified in writing of this change.
Sig	grature of Register Of Agent Date
If signing on be	ehalf of an entity:
Monique E. Parl	
•	Typed 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)