

11/4/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dtrivers@hsimanagement.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**REGISTERED AGENT CHANGE
RIVER EDGE ASSOCIATES, INC.**

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIVER EDGE ASSOCIATES, INC.
2. The principal office address: 6300 Powers Ferry Road, #600-339, Atlanta, Georgia 30339
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/26/2000 Document number: P00000041958
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM1200 S PINE ISLAND RDPLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Business Filings Incorporated1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Douglas C. Trivers
Signature of an officer or director

Douglas C. Trivers, PresidentPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Mark Williams
Signature of Registered Agent

29th day of October, 2020Date

If signing on behalf of an entity:

Mark Williams, AVPTyped or Printed Name

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*** 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 (03/12)

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