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| (Re | equestor's Name) | | |
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| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: GHA RIVER VILLAGE, INC.

DOCUMENT NUMBER: P00000063963

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:

Denielle Landers

Legend Properties, Inc. 3755 7th Terrace Suite 301 Vero Beach, FL 32960

For further information concerning this matter, please call:

Denielle Landers

at

(772) 778-0180

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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

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.

| The name of the corporation: GHA RIVER VILLA The principal office address: 3755 7th Terrace, Suite | _ | Beach, FL 32960 | ; ! | |
|--|---|--|---|--------------|
| | | 2000, 2 2 2 2 2 | | |
| 3. The mailing address (if different): | | | | _ |
| 4. Date of incorporation/qualification: 6/30/00 | Docu | ment number: P000000639 0 | 53 | |
| 5. The name and street address of the current registered Florida Department of State: | agent and r | egistered office on file with | the | |
| | ter J. Henn Ferrace, Su | | <u> </u> | |
| | each, FL 32 | | T ALI | S |
| The name and street address of the new registered age (if changed): | ent (if chang | ged) and /or registered offic | LAHAS | U3 OCT 20 PM |
| 3755 7 th 7 | ott Ritchey Ferrace, Su each, FL 32 | ite 301 | SEE FLO | Ÿ |
| The street address of its registered office and the street a will be identical. | address_of tl | ne business office of its regi | stered agent, as char | N |
| Such change was authorized by resolution duly adopted board, or the corporation has been notified in writing of | | | er so authorized by t | the |
| | a. 7. | Annabel North, Secretar | | |
| (Signature of an officer or director) | _ | (Printed or type | d name and title) | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligation of my position as registered agent the registered office address, I hereby confirm that the confirmation of the registered office address. | plete perfor t. Or, if this | mance of my duties, and I d document is being filed met has been notified in writing | im familiar with and rely to reflect a chan g of this change. | d |
| (Signature of Registered Agent) | | 10/09/03 (Date | e) | |
| if signing on behalf of an entity: | <u> </u> | · | • | |
| Scott Ritchey | _ | Presi | dent | |
| (Typed or Printed Name) | <u></u> | (Capa | icity) | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314