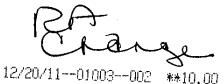
P09000055694

GMS,LL 1001 Bra Kingston (Ad	C adford Way i, TN 37763 dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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TALLAHASSEE, FLORIDA

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December 20, 2011

GMS, LLC 1001 Bradford Way Kingston, TN 37763

SUBJECT: RIVERSIDE MANAGEMENT SERVICES, INC.

Ref. Number: P09000055694

We have received your document for RIVERSIDE MANAGEMENT SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form that you submitted is incorrect. It is for a limited liability and your entity is a corporation. I have enclosed a blank form for you to fill out and return to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 011A00028248



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2011

GMS, LLC 1001 Bradford Way Kingston, TN 37763

SUBJECT: RIVERSIDE MANAGEMENT SERVICES, INC.

Ref. Number: P09000055694

We have received your document for RIVERSIDE MANAGEMENT SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 811A00026784

RECEIVED IN 8: 50 PARISHER FORMS

10 D additioned

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Riverside Management Services, Inc
2. The principal office address: 9655 Florida Mining Blvd W. Su. te 305 Cacksonville, FL 32257
3. The mailing address (if different): 700 1. Brad ford Uhy Kingston, TN 37743
4. Date of incorporation/qualification: U 29 2009 Document number: P09 0000 55494
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)
Gordon O. Gesperson 1279 Kingsley Ave Suite 118 Orange Park El 22073
1279 Kingsley Ave Suite 118 ==
Orange Park, FL 32073
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
9455 Florida Mining Blvd. W. Suite 305 P.O. Box NOT acceptable
Gacksonville FL 32257
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.
Signature of anofficer or director Printed or typed name and title Printed 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.
Signature of Registered Agent Signature of Registered Agent Date
Signature of Registered rigerin
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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