## P11000034413

(	Requestor's Name)			
(Address)				
(Address)				
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: RIVERSMART ENTERPRISES, INC. Name of Corporation
DOCUMENT NUMBER: P11000029913
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:
WANDY FIGUEROA
Name of Contact Person
FIGCO ACCOUNTING FIRM
Firm/Company
4401 E COLONIAL DR STE 204-H
Address
ORLANDO, FL 32803
City/State and Zip Code
INFO@EFIGCO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WANDY FIGUEROA at (407 ) 873-3999  Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Street Address:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Control of Tellahassa

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STA©EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statute organized under the laws of the State of <u>ORLA</u> registered agent, or both, in the State of Florida	ANDO
·	**		
<ol> <li>The name of t</li> <li>The principal</li> </ol>	office address: 7901 KINGSPOINT	PARKWAY UNIT 28 ORLANDO, FL 32819	
3. The mailing a	ddress (if different): PO BOX 581	WINDERMERE, FL 34786	
4. Date of incom	oration/qualification: 03/25/2011	Document number: P11000029913	
5. The name and		ered agent and registered office on file with the	
	MIGDALIA RIVERA		
	1736 LINDZLU STREET WINTER	R GARDEN, FL 34787	2022 1i07
6. The name and street address of the new reg (if changed): FIGCO Accounting FIRM		ed agent (if changed) and /or registered office	12 16 ET 7: 36
	4401 E COLONIAL DR STE 204 -	— <u>— — — —                             </u>	. or
		P.O. Box NOT acceptable	
	ORLANDO, FL 32803		
		street address of the business office of its regi	
Such change was authorized by the		dopted by its board of directors or by an offic een notified in writing of the change.	er so
Miadalia Livera		MIGDALIA RIVERA	
Signatu	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bel corporation has	the appointment as registered age to comply with the provisions of a d I am familiar with and accept to gilled merely to reflect a change been notified in writing of this contact.	ent and agree to act in this capacity, all statutes relative to the proper and complete he obligation of my position as registered age e in the registered office address. I hereby co hange.	eperformance ent. Or. if this nfirm that the
		11/11/2022	
Sig	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
WANDY FIGU	EROA	_	
	ypod or Printed Name		

\* \* \* FILING FEE: \$35,00 \* \* \*