

6/21/2017

P140000063640

2017-06-21 07:30:07 CST

12/22/2016 5:56 PM From Kimberly Laughrey

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512)418-6949  
Fax Number : (954)288-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
RISE RIVIERA BEACH, CORP.**

Certificate of Status	0
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JUN 21 2017  
10:00AM  
CORPORATIONS

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Rise Riviera Beach, Corp.

Name of Corporation

DOCUMENT NUMBER: P14000063640

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:

Elaine Paula dos Santos

Name of Contact Person

DLA Piper US (LLP)

Firm/Company

200 S Biscayne Blvd, Ste 2500

Address

Miami, FL 33131

City/State and Zip Code

elaine.dossantos@dlapiper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elaine Paula dos Santos

Name of Contact Person

at 305 423-8568

Area Code & Daytime Telephone Number

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2017 JUN 21 PM 4:36  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Rise Riviera Beach, Corp.
2. The principal office address: 200 South Biscayne Blvd, Suite 2500, Miami, FL 33131
3. The mailing address (if different): 200 South Biscayne Blvd, Suite 2500, Miami, FL 33131
4. Date of incorporation/qualification: 07/29/2014 Document number: P14000063640

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)

Law Offices of Kravitz & Guerra, P.A.

801 Brickell Bay Drive, Box 18

Miami, FL 33131

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

NRAI Services, Inc

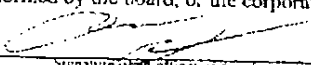
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 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.

  
Signature of an officer or director

Ricardo W. Zarzur, President

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

6/20/2017

Date

If signing on behalf of an entity:

Ann J. Williams, Assistant Vice President

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 (03/12)

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