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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account . Number : I2000000195

Phone : (850) 521-1000

Fax Number

: (850)558-1515

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

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REGISTERED AGENT CHANGE RIVERSIDE FINANCIAL COMPANY

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Help

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

	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ton organized under the laws of the State of Florida
	e or registered agent, or both, in the State of Florida.
1. The name of the corporation; RIVERSIDE	FINANCIAL COMPANY
2. The principal office address: 417 5TH AV	E. INDIALANTIC FL 32903
2. The principal office address.	
3. The mailing address (if different): 4100 207	'H STREET VERO BEACH FL 32960
4. Date of incorporation/qualification: 09/27/	1995 Document number: P95000075262
The name and street address of the current re Florida Department of State:	gistered agent and registered office on file with the
FRANK H. FEE III, ESQ.	
426 AVENUE A	
FORT PIERCE FL 34950	
6. The name and street address of the new regis (if changed):	stered agent (if changed) and /or registered office
Corporation Service Comp	pany
1201 Hays Street	
(P.O. Box NO	77 acceptable)
Tallahassee, FL 32301	
The street address of its registered office and as changed will be identical.	the street address of the business office of its registered agent,
Such change was authorized by resolution du authorized by the board, or the corporation ha	ly adopted by its board of directors or by an officer 30 is been notified in writing of the change.
Signature of an officer or directory	LYIDIH 15 ME ILLUHIN, HOST CORP. SECRETHRY (Printed of typed name and title)
I hereby accept the appointment as registered further agree to comply with the provisions of my duties, and I am familiar with and acce accument is being filed merely to reflect a chicorporation has been notified by yriting of the	l agent and agree to act in this capacity, of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered affice address, I hereby confirm that the is change.
By:	5/5/10
(Signature of Registered Agent)	(Doly)
if signing on behalf of an entity;	,
Troy Todd	
SS (1) Ped Proposition Number	
* * * FI	LING FEE: \$35.00 * * *

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