

P98000025825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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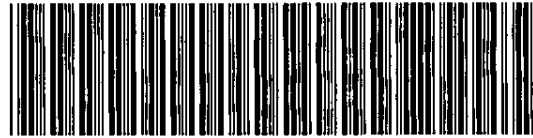
(Business Entity Name)

(Document Number)

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@ 12/16/14

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Valencia River Realty Corp.  
Name of Corporation

P98000025825  
**DOCUMENT NUMBER:**

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:

Keith Lampitt  
Name of Contact Person  
Valencia River Realty Corp.  
Firm/Company  
PO Box 7250  
Address  
Fort Myers, FL 33919  
City/State and Zip Code  
info@earthmark.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Lampitt 239 415-6200  
Name of Contact Person at (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2014

KEITH LAMPITT  
BAHIA SUN REALTY CORP.  
P.O. BOX 7250  
FORT MYERS, FL 33919

SUBJECT: VALENCIA RIVER REALTY CORP.  
Ref. Number: P98000025825

We have received your document for VALENCIA RIVER REALTY CORP. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new registered agent in the space provided.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 514A00025131

**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: Valencia River Realty Corp.
2. The principal office address: 8200 College Parkway, Suite 101, Fort Myers, FL 33919
3. The mailing address (if different): PO Box 7250, Fort Myers, FL 33919
4. Date of incorporation/qualification: 03/19/1998 Document number: P98000025825
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) Keith Lampitt  
12800 University Drive, Suite 400  
Fort Myers, FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Keith Lampitt  
8200 College Parkway, Suite 101  
Fort Myers, FL 33919  
P.O. Box NOT acceptable

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

Michael E Rosen, Director

\_\_\_\_\_  
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

11/10/14

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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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