

N41503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

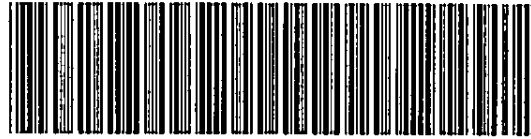
(Business Entity Name)

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TALLAHASSEE, FL

2/18/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASSOCIATION OF ROLLING RIVER OWNERS, INC.
Name of Corporation _____

DOCUMENT NUMBER: N41503

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:

Sharleen Thompson-Messinese
Name of Contact Person _____
River City Management Services, Inc.
Firm/Company _____
P. O. Box 50886
Address _____
Jacksonville Beach, FL 32240
City/State and Zip Code _____

smessinese@rivercitymgmt.com
E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Sharleen Thompson-Messinese at (904) 930-4669
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

