I hereby certify that the information indicated on this report or supplemental report is true and ac oath; that I am an officer or director of the corporation or the receiver or trustee empowered to e		
above, or on an attachment with all other like empowered.		
SIGNATURE RAYMOND RIVERA	PVST	03/17/2017

Electronic Signature of Signing Officer/Director Detail

Offi

Title	PVST	Title	D
Name	RIVERA, RAYMOND	Name	RIVERA, RAYMOND
Address	1404 CRESTED HERON COURT	Address	1404 CRESTED HERON COURT
City-State-Zip:	ST. AUGUSTINE FL 32092	City-State-Zip:	ST. AUGUSTINE FL 32092

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

	Electronic Signature of Registered Agent				
ficer/Director Detail :					
e	PVST	Title	D		
me	RIVERA, RAYMOND	Name	RIVERA, RAYMOND		

1404 CRESTED HERON COURT ST. AUGUSTINE, FL 32092

FEI Number: 20-5575828

Current Mailing Address:

DOCUMENT# P06000120102

Entity Name: RAYMOND RIVERA, P.A.

Name and Address of Current Registered Agent:

RIVERA, RAYMOND 1404 CRESTED HERON COURT ST. AUGUSTINE, FL 32092 US

Current Principal Place of Business: 1404 CRESTED HERON COURT ST. AUGUSTINE, FL 32092

	Title	D
	Name	RIVERA, RAYMOND
COURT	Address	1404 CRESTED HERON COURT
92	City-State-Zip:	ST. AUGUSTINE FL 32092

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2017 **Secretary of State** CC1423148465

Date

Certificate of Status Desired: No

Date