| <b>Current Principal</b> | Place of Business: |  |
|--------------------------|--------------------|--|
| 909 CORDOVA DRIVE        |                    |  |
| ORLANDO, FL 32804        |                    |  |

## **Current Mailing Address:**

DOCUMENT# L05000067624

Entity Name: FAUSSE RIVIERE, LLC

909 CORDOVA DRIVE ORLANDO, FL 32804

## FEI Number: 20-3116114

## Name and Address of Current Registered Agent:

ZINK, WILLIAM P MD 909 CORDOVA DRIVE ORLANDO, FL 32804 US

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                     | : WILLIAM P ZINK MD                      |                 |                   | 04/04/2018 |
|-------------------------------|--|-----------------|-------------------|------------|
|                               | Electronic Signature of Registered Agent |                 |                   | Date       |
| Authorized Person(s) Detail : |  |                 |                   |            |
| Title                         | MGR                                      | Title           | MGR               |            |
| Name                          | ZINK, WILLIAM P MD                       | Name            | ZINK, JOAN L      |            |
| Address                       | 909 CORDOVA DRIVE                        | Address         | 909 CORDOVA DRIVE |            |
| City-State-Zip:               | ORLANDO FL 32804                         | City-State-Zip: | ORLANDO FL 32804  |            |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZINK, JOAN L

MGR

04/04/2018

## FILED Apr 04, 2018 Secretary of State CC8127448871

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail