that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAT RICALDE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000011917

Entity Name: RIVER, MOON, AND ASSOCIATES LLC

Current Principal Place of Business:

3590 BELLE VISTA DRIVE E ST. PETERSBURG, FL 33706

Current Mailing Address:

3590 BELLE VESTA DRIVE E. ST. PETERSBURG. FL 33706

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

COVINGTON, VIRGINIA M 2111 N. 15TH STREET TAMPA, FL 33605-3647 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	RICALDE, PAT	Name	RICALDE, RUSSELL
Address	3590 BELLE VISTA DRIVE E.	Address	3590 BELLE VISTA DRIVE E
City-State-Zip:	ST. PETERSBURG FL 33706	City-State-Zip:	ST. PETERSBURG FL 33706

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

PRESIDENT

02/02/2021 Date

FILED Feb 02, 2021 Secretary of State 4404221435CC

Certificate of Status Desired: No

Date