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	Law Office	Law Offices JAMES F. MILLER & ASSOCIATES, P.A. 1400 Centrepark Boulevard, Suite 860 West Palm Beach, Florida 33401					Office Use Only					
	1400 Ce						ER(S), (if known):					
	1.	(Corporation)	Name)		(Document #)				12)			
	2							2	- n - 1			
		(Corporation)	Name)		(Doc	ument #)			· . -	- C		
	3	(Corporation)	Mama)		(Dec	ument #)		<u> </u>	<u>:</u>	_		
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	4	(Corporation)	Name)		(Doc	ument #)				-		
	Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	□will	AMEND Amendmen Resignation	Photoco MENTS at n of R.A., Officer/ Registered Agent	py		Certified Copy Certificate of S SOOO!	itatus 0232 1/23/97	2781 0104 00 **	155 19007 ***35.00		
	Domestication		Dissolution	/Withdrawal				١				
	Other		Merger					: (· 1				
**(8)	OTHER FILE Annual Report Fictitious Name Name Reservation	173,500		ent				19°	() ())		

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Flori Flo	suant to the provisions of sections 607.0502, 617.0502, 607 rida Statutes, the undersigned corporation organized under <u>orida</u> submits the following statement in order to characteristic agent, or both, in the State of Florida.	the laws of t	the Sta	ate of				
1a.	The name of the corporation is:							
	100, Riverside, Inc.							
1b.	Date of incorporation 12/14/95 Docume	ent number	P9500	0094904				
2.	The name and address of the current registered agent and Corporation Service Company	l office:						
_	1201 Hays Street, Tallhassee, FL 32301		<u>55</u>	-11				
3. 7	The name and address of the new registered agent and office (P.O. Box Not Acceptable) Nicholas Chillemi	Ce:		(-)				
	2895 S.E. Ocean Blvd., Stuart, FL 34996		<u> </u>					
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Nichclas Chillemi as President								
_	O IS SENATURE Typed or printe							
IN AC WI PL	AVING BEEN NAMED AS REGISTERED AGENT AND TO AGROCESS FOR THE ABOVE STATED CORPORATION AT THE THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT OF AND AGREE TO ACT IN THIS CAPACITY. I FURTHEN THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAN HE OBLIGATION OF MY POSITION AS REGISTERED AGENTS.	E PLACE DENT AS REGER AGREE THE PROPER WITH AND	ESIGN SISTEF O COM R AND O ACC	IATED RED MPLY COM-				
	DATE	gistered Ac	gent)					
	Division of Corporations, P.O. Box 6327, Talla	ihassee, F	FL 32	314				

FILING FEE: \$35.00

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