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Account#: 120000000088

Date: 6/27/2	2018	Accounter, 120	,000000000
Name: Merritt	Knickle		
Reference #:	A447709		
Entity Name:		OU LLC	
		on to Transact Business	
Amendment			. (8.5
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Reinstatement			j.; 21
Conversion			→
☐ Merger			<i>ा</i> ञ
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✓ Other	CERTIFIED	COPY OF FILING EVIDENCE	
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Authorized Amount: _ Signature:	\$55 WW	···············	

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COGENCY GLOBAL (UK) LIMITED
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REGISTER VACIONA
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LONDON ECSA 79A

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+852,3975,1803



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Account#: 120000000088

Date: 6/27/2018	Account. 1200000000
Name: Merritt Knickle	
Reference #:	
Entity Name: 1901 RICOU LLC	
Articles of Incorporation/Authorization to Trans	sact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	70 70
☐ Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	gr S
Other CERTIFIED COPY OF	FILING EVIDENCE
Authorized Amount: \$55	
Signature:	

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COGENCY GLOBAL INC IC E 40 - \$1, 10 1 FL NY, NY 10016 800.221.0102 +1.212.947.7200 EUROPEAN HQ

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1901 Ricou LLC	
Name of L	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Michelle L. Smith, Paralegal	
Name of Person	
Bousquet Holstein PLLC	
Firm/Company	
110 W. Fayette Street, Suite 1000	
Address	
Syracuse, NY 13202	
City/State and Zip Code	
sop@cogencyglobal.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Michelle L. Smith, Paralegal	315 701-6384
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	
☑ \$25 Filing fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

21 #127 A 6 09

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

l. Na	me of the limited liability company: 1901 Ricou L	LC	
2. (a)	1901 Ricou LLC	(b) 1	901 Ricou LLC
s. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1901 NE Ricou Terrace	1	901 NE Ricou Terrace
	Jensen Beach, Florida 34957	<u>J</u>	ensen Beach, Florida 34957
	June 6, 2017	L1	17000123499
3.	Date of filing/registration in Florida	4.	Document number
S. (a)	Tilton & Tilton Law, P.A.		
). (a)	Registered Agent and Registered Office shown on the records of	f the Florida De	ept. of State:
	Tilton & Tilton Law, P.A.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1935 NE Ricou Terrace		(<u></u>
	Jensen Beach	L 34957	
	, r	L	_
(b)	Cogency Global Inc.		
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	2381
			<u> </u>
	NEW Registered Office Address:		۵.
	115 N. Cahuon Street, Suite 4		
	Tallahassee	. _L 32301	
			
	limited liability company is not organized under the leange or changes are made, the Florida street address of		
agent	will be identical. Or, in the case of a Florida limited	liability com	pany, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	of the limite e limited lia	ed liability company or as otherwise provided in this
,	14 St. 11 Of a second of the	e mintog na	Discor (a) Danciel
Signs	ature of a member of authorized representative of a member		ROBERT W. PONIFIEY Printed or typed name of signee
I here provis the obto men notifie	the properties appointment as registered agent and a cions of all statutes relative to the proper and completing the proper and completing the properties of my position as registered agent as provided in whiting of this change in the registered affice address, and in whiting of this change.	gree to act in le performan led for in Ch I hereby con	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep napter 605, F.S. Or, if this document is being filea firm that the limited liability company has been
	ure of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00