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| (Requestor's Name) | | | | |
|---|--------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



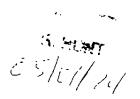
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

| Date: | 05/01/2024 | | |
|---------------|--------------------------------|-------------------------|------------|
| | Patrice Rush | | |
| | 2345212 | <u> </u> | |
| | | JSINESS GROUP, LLC | |
| Article | s of Incorporation/Authorizati | on to Transact Business | |
| Amend | dment | | (<u>w</u> |
| | ge of Agent | | 194 |
| ☐ Reinst | atement | | : |
| ☐ Conve | ersion | め ^ のご 四: | = |
| ☐ Merge | r | FL | M 9: 51 |
| ☐ Dissol | ution/Withdrawal | **1 | |
| ☐ Fictitio | ous Name | | |
| Other_ | | | |
| | | | |
| Authorized Aı | mount: \$25 | | |
| Signature: | (Pattle | | |

F: 800.944.6607

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

Parsuant 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.

| 1. Na | me of the limited liability company: | Risama | r Business Group. LLC |
|-------------------------------|--|--|--|
| 2. (a) | | (b) | |
| 2. (ii) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 3350 SW 148th Ave, Suite 110 | | 3350 SW 148th Ave, Suite 110 |
| | Miramar, FL 33027 | | Miramar, FL 33027 |
| | 03/26/2014 | | L14000050023 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Karen Stetson | | |
| _'. (a) | Registered Agent and Registered Office shown on the records of | the Florida Dept. | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | 333 SE 2nd Avenue. Suite 3200 | 0 | |
| | Miami . FI | 33131 | E-7 1 |
| (b) | Cogency Global Inc. | | - 1338 F. |
| , , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office address: | 9: 51 |
| | 115 North Calhoun Street, Suite | 4 | |
| | NEW Registered Office Address: | | |
| | Tallaharan | 22201 | |
| | Tallahassee [:] | 32301 | |
| the cha agent v was/we | imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an aftirmative vote of the members reles of organization or the operating agreement of the | f the registered iability compan of the limited li | office and the business office of the registerery, it is hereby confirmed that the change(s) ability company or as otherwise provided in |
| | | Rafael | R. Jimenez Dan, Authorized Representative |
| • | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provisi the obl to merç | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. I I in writing of this change. | ed for in Chapte thereby confirm | s capacity. I further agree to comply with the of my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been |
| | re pr Registered Agent Assistant Secretary | | |

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