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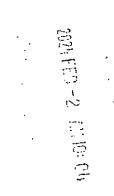
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COVER LETTER

	Registration Section Division of Corporations		, ,					
SUBJE	Riskr LLC C T:							
	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	losed Registered Agent/Registered	Office Change and fe	ee(s) are submitted for filing.					
Please re	eturn all correspondence concerning	this matter to the fo	llowing:					
Christop	her Pitocco							
	Name of Person		_					
Riskr LL	С							
	Firm/Company		-					
2 981 Gu	lf to Bay Blvd. Apt. 1234							
	Address		_					
Clearwai	eer, FL 33759							
	City/State and Zip Cod	e	_					
riskr@ri	skrtle.com							
E-1	mail address: (to be used for future	annual report notifica	ation)					
For furth	ner information concerning this mat	ter, please call:						
Christop	her Pitocco	33759 at (631-338-0802					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations					
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follow	ing amount:						
	■ \$25 Filing Fee	\$55	Filing Fee & Certified Copy					

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	ime of the limited liability company: Riskr LLC								
2. (a)	2981 Gulf to Bay Blvd. Apt. 1234			2981 Gul	f to Bay Blvd	Apt. 1234			
\ /		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3.		01/31/2022 Date of filing/registration in Florida	- 4.	L —	22000051	857 Document m	umber			
		Christopher Pitocco	••			Loodaniene in				
5. (a)	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 1644 Clearwater Largo Rd. Apt. 109 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				 te: 		20		
		Clearwater , FL	33756				" . : .	2021: FED -6		
1	h)	Christopher Pitocco						יָבּיי <u>.</u>		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					•	5			
	2981 Gulf to Bay Blvd. Apt. 1234						EU 10: CV	2		
	NEW Registered Office Address:									
		Clearwater , FL	33759							
char ager was	nge nt w /we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of clos of organization or the operating agreement of the limited liability.	egister oility c the lir imited	red om nite lia	office an pany, it i ed liabilit	nd the business is hereby conf ty company of inpany.	s office of irmed that	f the regis t the char	stered ige(s)	
Si	Signature of a member or authorized representative of a member				Printed or typed name of signee					
prov the d to m	visi: obli iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided elv reflect a change in the registered office address, I ha I in writing of this change	e to ac erform for in ereby c	t ir ian Ch :on,	this cap ce of my apter 605 firm that	acity. I furthe duties, and I c 5, F.S. Or, if t the limited lid	er agree to am familio this docum ability con	o comply ar with a nent is be npany ha	with the nd accept ring filed s been	
Sign	///	re of Registered Agent								