L22000127443

(Requestor's Name)						
(Address)						
(Äddress)						
(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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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.

1. 1	Name of the limited liability company: VENTUF	RA P2	OPC	O HOLDC	O, LLC	
2. (a)	(b	}			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	_	No Cha	ange		
	March 9, 2022			L22000127443		
3.	Date of filing/registration in Florida	4.		Document nun	iber	
5. (a	PHILIPSON, BENT					
	Registered Agent and Registered Office shown on the records of a 2901 STIRLING ROAD	he Florida	Dept. of Sta	nte:		
	Registered Office Address	_				
	SUITE #200	202 355 74	2024 SECH			
		33312		_	LLAN TO THE STATE OF THE STATE	
(b	COGENCY GLOBAL INC.				ASSER	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	115 North Calhoun St., Suite 4				- 53 - 53	
	NEW Registered Office Address:			_		
	Tallahassee, FL_	32301		- ·		
the c agent was/	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o rticles of organization or the operating agreement of the	the regis ibility co f the lim	tered offic mpany, it ited liabili	ce and the busine is hereby confirmity company or as	ss office of the registered ned that the change(s)	
/s/ Jacob Bengio			Jacob Bengio			
l her provi the o to me notifi	nature of a member or authorized representative of a member seby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	ee to act performa I for in C iereby co	in this cap ince of my hapter 60 infirm thai	Printed or typed n pacity. I further is duties, and I am 15, F.S. Or, if thi, t the limited liabi	acree to comply with the	
	Tim Mayville ture of Registered Agent					
SIEIIO	Tim Mayville, Assistant Secr	retary				

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