## L23000458139

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/26/2024	
	Cheyanne Davis	<u></u>
Reference #	2561215	<del></del>
Entity Name	RI	O OPCO LLC
	es of Incorporation/Authorizat	
☐ Amen	dment	
Change     Ch	ge of Agent	
Reins	tatement	
Conve	ersion	
Merge	er	
Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: <b>\$25</b>	
Signature:	Orym Paine	

## 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. Na	ame of the limited liability company: RIO OPO	CO LL	_C				
2. (a)		(b	١				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	(b)				
	No Change	No Change					
	October 4, 2023			L2300045813	9		
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)	BENGIO, JACOB						
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ate:			
	2901 STIRLING ROAD, STE 200						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		_			
	FORT LAUDERDALE . FI.	33312		_	TÀLL	2024 DEC -4	
(b)	COGENCY GLOBAL INC.		<del></del>	<del></del>	F.	33	1 i
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:		SON THE	+	
	115 North Calhoun St., Suite 4				<u> </u>	<b>P</b>	ITI
	NEW Registered Office Address:			_	TÀLLAHÄSSEE, FLORIDA	44 : 11 MA	
	Tallahassee, FL	32301		_			
If the 1	imited liability company is not organized under the lay	ua af dan	Crara of D	— Dominia de la lacca	alas ( a a u 17	محالم أنجي	-6
the cha agent v was/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability con of the limi	tered offic mpany, it ted liabili	ce and the busing is hereby confinity company or	ness office or med that the	of the r	egistered (ge(s)
/s/ Ja	cob Bengio	Jacol	o Bengio	)			
Signa	ture of a member or authorized representative of a member			Printed or typec	d name of sign	ce	
provisi the obl to merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, 1) I'in writing of this change.	ee to act performa d for in C hereby co	in this cap noe of my hapter 60 nfirm that	pacity. I furthe duties, and I a 5, F.S. Or, if to t the limited lia	r agree to c un familiar his docume bility comp	comply with an ut is he any ha:	with the id accept ing filed s been
	m Mayville						
Signatu	re of Registered Agent						

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