## M17000006599

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Only Otalic Z. pr. Holle #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
· -	<del>-</del>
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Special Instructions to	o Filing Officer:

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#: 120000000088

Date:	09/12/2023	
Name:	CHRIS	_
	2118128	<u> </u>
Entity Nan	ne:RILEY H	OLDINGS, LLC
	cles of Incorporation/Authorizatio	
☐ Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorized	d Amount: \$25.00	

P: +852.2682.9633

F: +852.2682.9790

## **COVER LETTER**

TO:

	egistration Section ivision of Corporations					
SUBJEC	T·	RILEY HOLDINGS, LLC				
30Dil.C	Name of Limited Liability Company					
Dear Sir c	or Madam:					
The enclo	sed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning th	is matter to the following:				
	Name of Person	<del></del>				
	COGENCY GLOBAL INC.					
	Firm/Company					
	115 North Calhoun Street, Suit	e 4				
	Address					
	Tallahassee, FL 32301					
	City/State and Zip Code					
	dlittwin@dugganbertsch.com					
E-m	nail address: (to be used for future and	nual report notification)				
For furthe	er information concerning this matter	, please call:				
		at ()				
	Name of Person	Area Code & Daytime Telephone Number				
R D C 2	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Inclosed is a check for the following	g amount:				
	S25 Filing Fee	S55 Filing Fee & Certified Copy				
INHS18 (						
	w: + + y					

## 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.

Name of the limited liability company:			RILEY HOLDINGS, LLC					
2. (a)	ADDAG OF DICONCT DAY LINET 703		(b)1	3915 OLD COAST	BAY,	UNIT 7	'03	
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	Mailing address of limit (Note: MAY BE PO		-		
	NAPLES. FL 34108	_		NAPLES, FL	. 3410	8		
	08/03/2017	<del>-</del>		M17000006	5599			
3.	Date of filing/registration in Florida	4.		Document number	:r			
5. (a)	DUGGAN BERTSCH PLLC	<u></u>						
	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Sta	ate:				
	875 109TH AVENUE N.		· · · · · · · · · · · · · · · · · · ·	_ <del>_</del>				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRE.</u>	<u>S.S.)</u>					
	Suite 302			_		<b>~</b> 3		
	NAPLES		34108	_	۱۲.۲ ۱۲.۲۸	023 S	****	
(b)	Cogency Global Inc.	_			LAHASSEF, FLORIDA	2023 SEP 12 PM 12: 2		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	address:			P		
	115 North Calhoun Street, Suite 4	4		į.	- ⊃[	2		
	NEW Registered Office Address:			- 5	7) 	27		
				_				
	Tallahassee FL		32301	<u> </u>				
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the repability of the la	gistered offi company, it imited liabil	ce and the business is hereby confirme ity company or as o	office d that	e of the the ch	registered ange(s)	
	/S/ James M. Duggan			James M. Duggan				
_	ature of a member or authorized representative of a member			Printed or typed nan	,	_		
provis the ob to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If ad in writing of this change.	ree to c perfor d for it hereby	nct in this ca mance of m a Chapter 60 confirm tha	pacity. I further as v duties, and I am fo 05, F.S. Or, if this o ut the limited liabilit	ree to milia locum y com	comp ir with ient is ipany )	ly with the and accept being filed as been	
-	/S/ Sean Chase							
Signati	ure of Registered Agent							