⊙ 05/18/2022\*<sup>7</sup>:32 AM 5/18/22, 9:29 AM



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From:					
	Account Name	:	REGISTERED AGENT	SOLUTIONS	INC
	Account Number	:	120100000062		
	Phone	:	(888)705-7274		
	Fax Number	:	(888)706-7274		

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## COVER LETTER

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TO: Registration Section Division of Corporations

Rogue Risk LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Mary Castillo

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
□ \$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.

ne of the limited liability company: Rogue Ri			_		
24 4TH STREET	<sub>(b)</sub> 7 MA	ARNE STREE	Т		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO	ted liabilit ST OFFI	<u>CF B(</u>	
TROY, NY 12180	<u>WAI</u>	ERVLIET, NY	121	89	
5/26/2021	M210	00007335			
Date of filing/registration in Florida	4.	Document number	r		
CORPORATE CREATIONS NET	WORK INC	· · · · · · · · · · · · · · · · · · ·			
Registered Agent and Registered Office shown on the records o	f the Florida Dept. of S	State:			
801 US HIGHWAY 1					
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
NORTH PALM BEACH,	L 33408		-	202	
Registered Agent Solutions, Inc.				2 MAY	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office addr</u>			· · ·	3	
155 Office Plaza Dr.			· - · · - · ·	PM	
NEW Registered Office Address:			2		
Suite A			•••	ნ	
Tallahassee	32301				
	24 4TH STREET Principal office address of limited tiability company: (Note: MUST BE STREET ADDRESS) TROY, NY 12180 5/26/2021 Date of filing/registration in Florida CORPORATE CREATIONS NET Registered Agent and Registered Office shown on the records o 801 US HIGHWAY 1 Registered Office Address NORTH PALM BEACH,, F Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent and/or NEW Registered</u> 155 Office Plaza Dr. <u>NEW</u> Registered Office Address:	24 4TH STREET       (b)       7 M/         Principal office address of limited liability company:       (Note: MUST BE STREET ADDRESS)       WAT         TROY, NY 12180       WAT         5/26/2021       M210         Date of filing/registration in Florida       4.         CORPORATE CREATIONS NETWORK INC         Registered Agent and Registered Office shown on the records of the Florida Dept. of S         801 US HIGHWAY 1         Registered Office Address         MORTH PALM BEACH,       FL 33408         Registered Agent Solutions, Inc.         Enter name of NEW Registered Agent and/or NEW Registered Office address:         155 Office Plaza Dr.         NEW Registered Office Address:	24 4TH STREET       (b)       7 MARNE STREET         Principal office address of limited liability company:       (Note: MUST BE STREET ADDRESS)       Mailing address of limit (Note: MAT BE PO)         TROY, NY 12180       WATERVLIET, NY         5/26/2021       M21000007335         Date of filing/registration in Florida       4.         CORPORATE CREATIONS NETWORK INC.         Registered Agent and Registered Office shown on the records of the Florida Dept. of State:         801 US HIGHWAY 1         Registered Office Address         MORTH PALM BEACH,       FL 33408         Registered Agent Solutions, Inc.         Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :         155 Office Plaza Dr. <u>NEW</u> Registered Office Address:	24 4TH STREET       (b)       7 MARNE STREET         Principal office address of limited liability company:       (Note: MAY BE STREET ADDRESS)       (Note: MAY BE POST OFFI         TROY, NY 12180       WATERVLIET, NY 121         5/26/2021       M21000007335         Date of filing/registration in Florida       4.       Document number         CORPORATE CREATIONS NETWORK INC.       Registered Agent and Registered Office shown on the records of the Florida Dept. of State:         801 US HIGHWAY 1       Registered Office Address       (MUST BE FLORIDA STREET ADDRESS)         NORTH PALM BEACH,       FL 33408       (State: State: State)         155 Office Plaza Dr.       (State: State)       (State: State)         155 Office Plaza Dr.       (State: State)       (State: State)	24 4TH STREET       (b)       7 MARNE STREET         Principal office address of limited liability company:       (Note: MUST BE STREET ADDRESS)       Mailing address of limited liability company:         TROY, NY 12180       WATERVLIET, NY 12189         5/26/2021       M21000007335         Date of filing/registration in Florida       4.         CORPORATE CREATIONS NETWORK INC.         Registered Agent and Registered Office shown on the records of the Florido Dept. of State:         801 US HIGHWAY 1         Registered Agent Solutions, Inc.         Enter name of NEW Registered Agent and/or NEW Registered Office Address:         155 Office Plaza Dr.         NEW Registered Office Address:

/s/ Ryan Hanley

Ryan Hanley

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Hockenzie Hart, Asst. Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent

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