P02000061719

	_					
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Basilless Ellik, Halle)						
(Document Number)	_					
(Document Namber)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
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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:	04/24/2023			
Name:	Merritt Wal	ker	_	
	#: 1957 1		_	
Entity Nam	e:	_DINGS, INC.		
☐ Artic	cles of Incorporation/	Authorization	to Transact Business	
☐ Ame	endment			
✓ Cha	nge of Agent			
☐ Rein	nstatement			
☐ Con	version			
☐ Mer	ger			
Diss	solution/Withdrawal			
☐ Ficti	tious Name			
Othe	er			
Authorized	Amount:	\$35		
Signature:		mw		

F: 800.944,6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a	507.0502, 617.0502, 607. corporation organized <mark>w</mark> ed office or registered as	nder the laws of the State	of Florida			
1. The name of t	. The name of the corporation: RIK HOLDINGS, INC.						
	office address: No C						
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification:	June 4, 2002	Document number:	P02000061719			
	street address of the c tment of State: (If resign	- -	_	_			
		CT Corporation		2023 APR 2 ¹ ,			
	1200	South Pine Isla	nd Road				
	PI	antation, FL 3	33324	<u> </u>			
6. The name and (if changed):		ew registered agent (if ch	nanged) and /or registere	一 doffice U			
	COGENCY	GLOBAL INC.					
	115 North C	alhoun St., Sui					
	Tallahassee	P.O. Box NOT acceptab	le				
The street addre as changed will	ss of its registered off be identical.	ice and the street addres	s of the business office	of its registered agent.			
Such change wa authorized by th	s authorized by resolu e board, or the corpor	ition duly adopted by its ation has been notified in	board of directors or by n writing of the change.	an officer so			
/s/ Alex Cam			Alex Campos	Authroized Person			
I hereby accept I further agree t performance of agent. Or, if thi	o comply with the promy duties, and Lam fa s document is being fi	gistered agent and agree visions of all statutes ret miliar with and accept t led merely to reflect a cl as been notified in writi	lative to the proper and he obligation of my pos hange in the registered	complete ition as revistered			
/s/ Timothy N	•		4/24/2023				
	nature of Registered Agent		Date				

Timothy Mayville , Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *