

P97000091727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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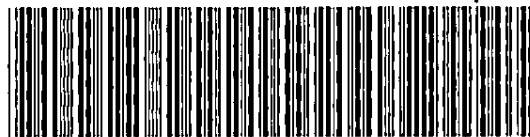
(Business Entity Name)

(Document Number)

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17 OCT 31 PM 4:38

2017 OCT 31 PM 4:59

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 891956 4384197

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : October 31, 2017

ORDER TIME : 3:38 PM

ORDER NO. : 891956-040

CUSTOMER NO: 4384197

CHANGE OF AGENT

NAME: RIALCO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

OCT 31 11 53 PM '17

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIALCO, INC.
2. The principal office address: 425 W 41 Street, Miami Beach, FL 33140
3. The mailing address (if different): C/O Rimmon Management LLC
P.O. Box 6481, Surfside, FL 33154
4. Date of incorporation/qualification: 10/24/1997 Document number: P97000091727
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
- CF Registered Agent, Inc.
- 100 S. Ashley Drive, Suite 400
- Tampa, FL 33602
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Corporation Service Company
- 1201 Hays Street
- Tallahassee FL 32301
- P.O. Box NOT acceptable
- 2017 OCT 31 PM 4:59

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ricardo A. Nevarez, Director

Printed or typed name and title

By: Katherine Jones
Signature of Registered Agent

Roxanne Turner
Asst. Vice President

Typed or Printed Name _____

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)