

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : I20100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2020 JUL 29 PM 1:38

S. TALLERNT  
 JUL 30 2020

**REGISTERED AGENT CHANGE**  
**RISK ADMINISTRATION SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Risk Administration Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F02000002620

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Mary Castillo**

Name of Contact Person  
Registered Agent Solutions, Inc.  
Firm/Company  
1701 Directors Blvd. Suite 300  
Address  
Austin, Texas 78744  
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** at ( 888 ) 705-7274  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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 South Dakota in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Risk Administration Services, Inc.
- 2. The principal office address: 300 CHERAPA PLACE SUITE 401  
SIoux FALLS, SD 57103
- 3. The mailing address (if different): PO BOX 89310 SIOUX FALLS, SD 57109-9310
- 4. Date of incorporation/qualification: 5/24/2002 Document number: F02000002620
- 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)

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

/s/ Robert J. Hollan  
Signature of an officer or director

Robert J. Hollan Secretary  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Mackenzie Hart  
Signature of Registered Agent

07/21/2020  
Date

If signing on behalf of an entity:  
Mackenzie Hart, Assistant Secretary  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)