Maa00005929

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(OK) Selection notice n)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bocoment Namber)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3. HORNE 3. 2024						

Office Use Only



200429636192



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 464850 8451403						
AUTHORIZATION :						
COST LIMIT S125 0.0						
ORDER DATE : May 10, 2024						
ORDER TIME : 4:39 PM						
ORDER NO. : 464850-032						
CUSTOMER NO: 8451403						
CHANGE OF AGENT						
NAME: NOVATAE RISK GROUP, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Miller						
EXAMINER'S INITIALS:						

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.

1. N	ame of the limited liability company: NOVATAE RIS	K GROU	P, LLC	· · · · · · · · · · · · · · · · · · ·	
? (a)		(1	b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	627 W College Street		627 W C	College Street	
	Grapevine, TX 76051	<u> </u>	Grapevir	ne, TX 76051	
	10/14/2022		M220000	15929	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	the Florid	a Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	33324		_	
	,.FI	L		202	
(b)				- 35	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	dress:	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Corporation Service Company			PILED PHIO: SH	
	NEW Registered Office Address:				
	1201 Hays Street			<u>-</u>	
	Tallahassee, FI	L_32301		_	
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	e register ability co of the lim	ed office ar impany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
/S/ Tim Robb			Tim Robb, Authorized Person		
Signa	sture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obt to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act performed for in C hereby co	in this cap ance of my Thapter 60. Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or. if this document is being filed the limited liability company has been	
	nace C-KNOL				
	E. Kirby Asst Vice President				

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