Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (850)222-1092

Phone Fax Number

: (850) 878-5368

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

Email	Address:	

REGISTERED AGENT CHANGE STARR TECHNICAL RISKS AGENCY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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c. RARDKhs

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JIDNAY - 7 AM 8: 00
SECRETARY OF STATE

COVER LETTER

SUBJECT:	STARR TECHNICAL RISI	KS AGENCY, INC.			
SUBJECT.	Name of C	orporation			
DOCUMENT NUMBI	er:fo	0000006982			
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Name of Co	ntant Person			
	Name of Co	ntagt Person			
Firm/Company					
	Add	ress			
	rau	r wald			
<u> </u>	City/State ar	id Zip Code			
	narc.stpierre@wolterskluwer.co				
E-n	nail address: (to be used for f	uture annual report notification)			
For further information	concerning this matter, please o	ali;			
Name of	Contact Person	at (
Enclosed is a \$35.00 ch	eck made payable to the Depart	tment of State.			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Amendment Section Division of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi		
	er to change its registered office or registe	<u> </u>	Florida.
1. The name of	the corporation: STARR TECHNICAL RIS	KS AGENCY, INC.	
	l office address: 399 PARK AVE. 8TH FLC		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 12/15/2000	Document number:	F00000006982
	d street address of the current registered ag runent of State: (If resigned, enter resigned		ith the
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		_
	TALLAHASSEE FL 32301-2525		TĂLL
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered of	10 MAY -7
	C T Corporation System		- 3
	c/o C T Corporation System, 1200 South P	ine Island Road	9.
	P.O. Box NOT	Caccoptable	- 9
	Plantation, Florida 33324		_
The street addr	ess of its registered office and the street	address of the business office of	its registered agent,
Such change wanthorized by	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by a tified in writing of the change.	n officer so
Mutho	nu hilausi	Anthony LlCausi, Vice	
I hereby accept further agree of my duties, a document is be	in ofth office of breefs I the appointment as registered agent an to comply with the provintions of all state and I am familiar with and accept the obl- cing filed merely to reflect a change in th s been notified in writing of this change.	utes retait ve to the proper and co legation of my position as register e registered office address, I her	omplete performance
By:	-alk -	2/22/2010	
<u> </u>	gnature of Registered Agent Assistant Secretary	Date	
	chalf of an entity:		
C	T Corporation System	·	
	Typed or Printed Name		
	* * * Filing Fi	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)