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(Re	questor's Name)			
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PÏCK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name	e)		
•	,	,		
(Document Number)				
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JUL 1 1 2018 : S. YOUNG .

8 JUL -9 PM 4: 30 SECRETARY OF STATE ALLAHASSEE, FLORIDA



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

• From: Grace Kirby grace.kirby@cscglobal.com

Date: July 5, 2018

Order#: 253879-059

Re: PROFESSIONAL RISK AND ASSET MANAGEMENT INSURANCE SERVICES,

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	mge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of or registered agent, or both, in the State of	<u>r DE</u>		
1. The name of	the corporation: PROFESSIONAL	. RISK AND ASSET MANAGEMENT INSURAN	CE SERVICES, INC.		
2. The principal					
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/12/20	04 Document number: F04000	0003364		
	d street address of the current reg rtment of State: (If resigned, ento	gistered agent and registered office on tile ver resigned)	with the		
	Corporate Creations Network	Inc.	_		
	11380 Prosperity Farms Road #221E				
	Palm Beach Gardens	FL 33410	7 16 18 18 18 18 18 18 18 18		
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				
), Box_NOT acceptable	P ·		
	Tallahassee	FL 32301	-		
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of	its registered agent,		
Such change wa authorized by th		adopted by its board of directors or by ar been notified in writing of the change.	officer so		
لفلأ	e E. agnie	Jill Cilmi	Vice President		
Signatu	re of an officer or director	Printed or typed name and t	itle		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of my duties, and I am familiar wi	agent and agree to act in this capacity, fall statutes relative to the proper and coith and accept the obligation of my position to reflect a change in the registered officitied in writing of this change.	m as registered		
By: Y) mace	C-Kubi nature of Registered Agent	July 5, 2018			
	half of an entity:	17au			
Grace E. Kirby.	Asst. Vice President				
T	yped or Printed Name	_			

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