

F05000006438

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Roberts OCT 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Risk Management Association
(Name of Corporation)

DOCUMENT NUMBER: F05000006438

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:

Peter F. Souza
(Name of Contact Person)

GEC Group, LLC
(Firm/Company)

2731 Executive Park Drive, Suite 4
(Address)

Weston, FL 33331
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter F. Souza at (877) 261-6823
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



National Registered Agents, Inc.
... "NRAI, the best choice for statutory representation"

September 28, 2009

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: The Risk Management Association (PA Non Profit)
Order # PS/PM-09-0305

Dear Sir/Madam:

We now enclose for filing the documents identified below:

<input type="checkbox"/> INCORPORATION	<input type="checkbox"/> MERGER
<input type="checkbox"/> QUALIFICATION	<input type="checkbox"/> A. Domestic
	<input type="checkbox"/> B. Foreign
<input checked="" type="checkbox"/> CHANGE OF AGENT/OFFICE	<input type="checkbox"/> DISSOLUTION
<input type="checkbox"/> A. Domestic	<input type="checkbox"/> A. Statement of Intent
<input checked="" type="checkbox"/> B. Foreign	<input type="checkbox"/> B. Certificate of Dissolution
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> A. Domestic	
<input type="checkbox"/> B. Foreign	<input type="checkbox"/> OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

PLEASE RETURN TO:
Peter F. Souza
NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331
EMAIL: psouza@gecgrp.com

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

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

1. The name of the corporation: RMA - The Risk Management Association Incorporated
2. The principal office address: 1801 Market Street, Suite 300
Philadelphia, PA 19103-1628
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/04/2005 Document number: F05000006438

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hayes Street

Tallahassee, FL 32301-2525

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

NRAI Services, Inc.

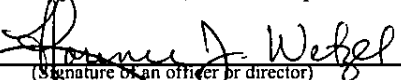
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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

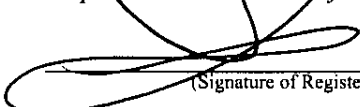
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Florence Wetzels, 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.


(Signature of Registered Agent)

9/28/09

(Date)

If signing on behalf of an entity:

Peter F. Souza, 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 (8/05)

06 SEP 30 PM 12:43
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE