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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Cassial Instructions to	Ciling Officer:	
Special Instructions to Filing Officer:		
		:

Office Use Only



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09/19/16--01020--018 **35.00



a/32 or



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: September 15, 2016

Order#: 285402-005

Re: THE RISK MANAGEMENT ASSOCIATION

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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Pennsylvania	
in orde	r to change its registered office or i	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: RMA - THE RISK I	MANAGEMENT ASSOCIATION INCORPORATED	
		REET, SUITE 300, PHILADELPHIA, PA 19103	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/04/2005	Document number: F05000006438	
5. The name and		ered agent and registered office on file with the	
	NRAI SERVICES, INC		
	1200 South Pine Island Road		
	Plantation, FL 33324	- 100 円の 120 円	
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		
		x NOT acceptable	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the s be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.	
Sie	e agni	Jill Cilmi, Vice President	
	e of an officer or director	Printed or typed name and title	
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of al my duties, and I am familiar with	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I fied in writing of this change.	
By: In	ace Cokuble	09/12/2016	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President		
Ty	ped or Printed Name		

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