## F060000002355

	-				
(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATES

RA ROCOS (12/4/13



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Courtney Cullen ccullen1@cscinfo.com

Date: December 2, 2013

Order#: 839451-004

Re: ONE SOURCE RISK MANAGEMENT AND FUNDING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.
Check in the amount of \$\_\_\_\_.

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: Courtney Cullen 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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2013

CORPORATION SERVICE COMPANY ATTN: ALEX SMETANA 2711 CENTERVILLE ROAD - STE. 400 WILMINGTON, DE 19808

SUBJECT: ONE SOURCE RISK MANAGEMENT & FUNDING INC.

Ref. Number: F06000002355

We have received your document for ONE SOURCE RISK MANAGEMENT & FUNDING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 313A00025104

RECEIVED

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

statement of cha	provisions of sections 607.050 ange is submitted for a corporc er to change its registered offic	ation organized under the la	ws of the State of Mai	ine	-
1. The name of	the corporation: ONE SOURC	E RISK MANAGEMENT &	FUNDING INC.		
•	office address:e One, 2nd Floor, Cumberland	d Foreside, ME 04110			
_	address (if different):5340, Portland, ME 04112				
4. Date of incor	poration/qualification: 04/14/2	2006 Document	number: F060000023	355	
	d street address of the current r rtment of State: (If resigned, er	registered agent and register			
	NRA! Services, Inc.				
	515 E. PARK AVENUE				
	TALLAHASSEE	FL	32301	75	ر. مريخ
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) an	d /or registered office	1- 330 EC	CCRUTAR CCRUTAR
	Corporation Service Compar	ny			18.0% A Of
	1201 Hays Street			₹.	STAT
		P.O. Box NOT acceptable	32301	23	30
	Tallahassee		32301		
The street address changed will	ess of its registered office and be identical.	the street address of the bu	siness office of its re	gistered agei	nt,
Such change was authorized by the	as authorized by resolution du ne board, or the corporation ha	aly adopted by its board of cas been notified in writing of	directors or by an office of the change.	cer so	
ر ' ا	2_	Dona Priebe, V			
~	ire of an officer of director		ed or typed name and title		
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered to comply with the provisions my duties, and I am familiar is document is being filed men that the corporation has been Service Company	d agent and agree to act in of all statutes relative to th with and accept the obligat rely to reflect a change in t notified in writing of this	this capacity, se proper and comple, sion of my position as he registered office ac change.	te registered ddress, I	
By:	wire duessered Agent	10/10/2013			_
Sig	Mature of Registered Agent		Date		
If signing on be	chalf of an entity:				
Sylvia Queppet	t, Asst. Vice President				
Т	yped or Printed Name	<del></del> -			

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