

F11000000149.0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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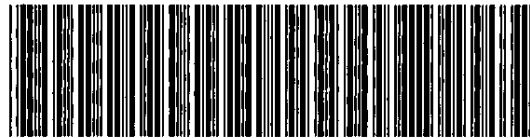
(Business Entity Name)

(Document Number)

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RA change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GEMINI RISK PARTNERS, INC.

Name of Corporation

**DOCUMENT NUMBER:** F11000001490

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:

Michael Sarnowski

Name of Contact Person

The James B. Oswald Company

Firm/Company

1100 Superior Avenue, Suite 1500

Address

Cleveland, OH 44114

City/State and Zip Code

msarnowski@oswaldcompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Sarnowski

Name of Contact Person

at ( 216 ) 367-8854

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

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TALLAHASSEE

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

1. The name of the corporation: GEMINI RISK PARTNERS, INC.
2. The principal office address: 1100 Superior Avenue, Suite 1500  
Cleveland, OH 44114
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/04/2011 Document number: F11000001490

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

Charles L. Storm

4350 West Cypress Street, #725

P.O. Box NOT acceptable

Tampa, FL 33607

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 authorized by the board, or the corporation has been notified in writing of the change.

David C. Jacobs

Signature of an officer or director

David C. Jacobs

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

12/4/13

Date

If signing on behalf of an entity:

Charles L Storm

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

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