

**F110000002366**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
ANCHOR GROUP MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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*Handwritten signature/initials*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Anchor Group Management Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000002366

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:

Diana Jenkins  
Name of Contact Person

Atlas Financial Holdings, Inc.  
Firm/Company

150 Northwest Point Blvd., 3rd Floor  
Address

Elk Grove Village, IL 60007  
City/State and Zip Code

compliance@atlas-fin.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Jenkins at ( 847 ) 700-8194  
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

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

- 1. The name of the corporation: ANCHOR GROUP MANAGEMENT INC.
- 2. The principal office address: 68 South SERVICE RD SUITE 450 MELVILLE, NY 11747
- 3. The mailing address (if different): 150 Northwest Point Blvd., 3rd Floor, Elk Grove Village, IL 60007

4. Date of incorporation/qualification: 06/06/2011 Document number: FT1000002366

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)

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE TALLAHASSEE, FL 32301

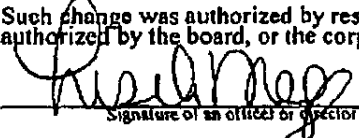
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324  
P.O. Box NOT acceptable

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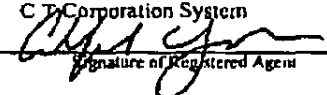
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Leslie DiMaggio, 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.*

C T Corporation System  
By:   
Signature of Registered Agent

4/24/2015  
Date

If signing on behalf of an entity: **Alfred Younan**  
**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 (03/12)