F1300004515

(Requestor's Name)				
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE JALLAHASSEE, FLORIDA

~

DEC 12 2013

R. WHITE



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: December 5, 2013

Order#: 900489-044

Re: JLT ADVISORY (NORTH AMERICA) INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Alex Smetana 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 ch	ange is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida a organized under the laws of the State of registered agent, or both, in the State of	Delaware
1. The name of	the corporation: JLT ADVISORY (I	NORTH AMERICA) INC.	
2. The principa	l office address: 600 Fifth Avenue,	16th Floor, New York, NY 10020	
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 10/17/2013 Document number: F13000004515		
	d street address of the current regis artinent of State: (If resigned, enter	tered agent and registered office on file wresigned)	vith the
	NRAI Services, Inc.		_
	1200 South Pine Island Road		_
	Plantation, FL 33324		
6. The name an (if changed):	2	ed agent (if changed) and /or registered o	13 DEC SECRET
	Corporation Service Company		ANY (
	1201 Hays Street		
	P.O. B Tallahassee	32301	1: 12 STATE LORIDA
The street addr	ress of its registered office and the I be identical.	street address of the business office of i	ts registered agent,
		dopted by its board of directors or by an een notified in writing of the change.	
00	H 2	Dona Priebe Vice President	
_	ure of an officer or director	Printed or typed name and ti	tle
I further agrée performance o agent. Or, if th hereby confirm	to comply with the provisions of a f my duties, and I am familiar with	ent and agree to act in this capacity. ill statutes relative to the proper and con and accept the obligation of my positio to reflect a change in the registered offi- ified in writing of this change.	nplete n as registered ce address, I
By: Drace		12/02/2013	
·	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
Grace E. Kirby			
7	Typed or Printed Name		

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