

F150000002403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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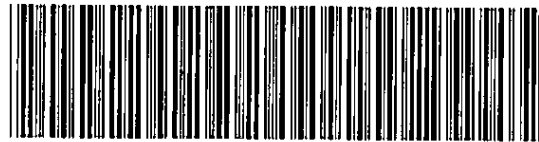
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brosnan Risk Consultants, LTD Corporation
Name of Corporation

DOCUMENT NUMBER: F 15000002403

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:

Lorraine Alicandri
Name of Contact Person

Brosnan Risk Consultants, LTD Corporation
Firm/Company

One Blue Hill Plaza
Address

Pearl River, NY 10965
City/State and Zip Code

l.alicandri@brosnanrisk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Alicandri at (845) 624-6571 x849
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

check #015293

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

1. The name of the corporation: Brosnan Risk Consultants, LTD corporation
2. The principal office address: One Blue Hill Plaza Ste. 1538
Pearl River, NY 10965
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/1/2015 Document number: F15000002403
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)

Luis Figueredo
2000 NW 89 Place Ste 102
Doral, FL 33172

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

Luis Figueredo
8725 NW 18th Terrace Suite 300
Miami, FL 33172

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]
Signature of an officer or director

Patrick J. Brosnan
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]
Signature of Registered Agent

9/25/20
Date

If signing on behalf of an entity:

Luis Figueredo
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 (04/13)