

F15 000000 2403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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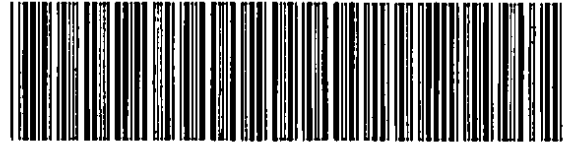
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

JUN 10 2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brosnan Risk Consultants, LTD  
Name of Corporation

DOCUMENT NUMBER: F15 000002403

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  
Firm/Company

ONE Blue Hill Plaza Suite 1538  
Address

Pearl River NY 10965  
City/State and Zip Code

l.alicandri@brosnamsk.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

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
2. The principal office address: One Blue Hill Plaza Suite 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  
8725 NW 18<sup>th</sup> Terrace Suite 300  
Miami, FL 33172

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

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 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.

Pat J. Brosnan  
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.

CT Corporation System  
Signature of Registered Agent

4-8-2022  
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)