## F160000003824

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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FEB 1.3

Amendment Section

## **COVER LETTER**

TO:

SUBJECT: Applied Medico-Legal Solutions Risk Rete	
Name of Corporation	
DOCUMENT NUMBER: f16000002821	
The enclosed Statement of Change of Registered O	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Lee Milizia	
Name of Contact Person	
Aon Insurance Managers c/o Applied Medico Legal Sol	lutions RRG, Inc
Firm/Company	<del>.</del>
MSC #17154, AON, PO Box 19640	
Address	<del></del>
Irvine, CA 92623	
City/State and Zip Code	
lee.milizia@aon.com	•
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	ase call:
Lee Milizia	at (602 )427-3208
Name of Contact Person	at (602 )427-3208 Area Code & Daytime Telephone Numb

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

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	er to change its registered office or registered as the corporation: Applied Medico-Legal Solutions	*	
	office address: 2555 E. Camelback Road, Suite 70		
3. The mailing a	address (if different): MSC #17154, AON, PO Bo	x 19640, Irvine, CA 92623	
	poration/qualification: 8/14/2003		
5. The name and	I street address of the current registered agent ar tment of State: (If resigned, enter resigned)		<del></del>
	Resigned		
			2022
			2022 NOV
6. The name and (if changed):	street address of the new registered agent (if ch	nanged) and /or registered office	16 (1)
	Tina Luque		7: 3
	1001 Brickell Bay Drive, Suite 1000, Miami, FL	<del></del>	: 0
	P.O Box NOT ac		
	ss of its registered office and the street address be identical. s authorized by resolution duly adopted by its e board, or the corporation has been notified in		
authorized by th	igned by:		
Signatur	Peter Coraff other or director	Joy - Treasurer  Printed or typed name and title	
hereby accept if further agree to find my duties, and locument is being the comment in the function of the comment in the comment is being the comment in th	the appointment as registered agent and agree o comply with the provisions of all statutes rel I I am familiar with and accept the obligation og filed merely to reflect a change in the regist been notified in writing of this change.	to get in this canasin	performance Or if this Irm that the
	-borusegned by. Time lugue	Oct 25, 2022	
Sign	Time luque auther registered Agent	Date	
f signing on bel	nalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)