

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC 10 PM 2:00

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RE-SUBMIT

Please retain original filing
date of submission 12/10

REGISTERED AGENT CHANGE**AVALON RISK MANAGEMENT, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$35.00

RA/RO/chg
① 12/15/08



December 12, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AVALON RISK MANAGEMENT, INC.
150 NORTHWEST POINT BLVD.
4TH FLOOR
ELK GROVE VILLAGE, IL 60007

SUBJECT: AVALON RISK MANAGEMENT, INC.
REF: F98000000454

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

There's a (period) after (INC) in the corporate name.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 708A00060175

RECEIVED
2008 DEC 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

1. The name of the corporation: Avalon Risk Management, Inc.
2. The principal office address: 8200 N.W. 52ND Terrace Suite 302
Miami FL 33166
3. The mailing address (if different): 150 Northwest Point Blvd 4th FL
Elk Grove Village IL 60007
4. Date of incorporation/qualification: 01/26/1998 Document number: F98000000454
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)

Kevin Sansfield J

8200 N.W. 52ND Terrace Suite 302

Miami FL 33166

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

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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.

Denise L. Chipman
(Signature of an officer or director)

Denise L. Chipman, 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:

Chris McNeel
(Signature of Registered Agent)

12/10/05
(Date)

If signing on behalf of an entity:

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 (8/05)

FL006 - 10/05/2004 C T System Online

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