## 108000101780

(Requestor's Name)						
(Ac	ddress)					
(Ac	ddress)					
(Ci	ty/State/Zip/Phone	<del>;</del> #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
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(Do	ocument Number)					
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Certified Copies	_ Certificates	of Status				
Special Instructions to		hour Sie				

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TALLAHASSEE. FLORIO

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## **COVER LETTER**

<b>TO:</b>	Registration Section Division of Corporations					
SUBJEC	Star & Shield Risk Manager	nent LLC				
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning thi	s matter to the t	following:			
Lee Ro	oddenberry					
	Name of Person					
Brenna	an Law Office PA					
•	Firm/Company		_			
РО ВС	OX 3635					
<del></del>	Address		<del>-</del>			
Tallah	assee FL 32315	•				
1	City/State and Zip Code					
	nberry@gbb-law.com					
E-	mail address: (to be used for future ann	ual report notif	ication)			
For furt	her information concerning this matter,	please call:				
Lee Ro	oddenberry	850	766-3108			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	<b>☑</b> \$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy			
INHS18	(2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: Star & Shield	l Risk Mai	nagement LLC			
2. (a)	3505 Lake Lynda Drive Ste 101	(b)	(b) 3505 Lake Lynda Drive, Ste. 101			
<b></b> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(%).	Mailing address of lin	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Orlando, FL 32817		Orlando, FL 32817			
	10/30/2008	 L	08000101780			
3.	Date of filing/registration in Florida	4.	Document numb	per		
5. (a	Durham, Allen D					
· (	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:			
	3505 Lake Lynda Dr Suite 101					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>			
				<b>→</b> ₹		
	Orlando	32817		SECO SECO SECO		
	,,,,			CRET		
(b	Lee Roddenberry			ASS ASS 22		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>ess</u> :			
	Brennan Law Office, PA			ED OF STATE		
	NEW Registered Office Address:			<b>←</b> 0		
	253 East Virginia Street, Suite B					
	Tallahassee, FI	_32301				
sign the arms of t	limited liability company is not organized under the language or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member seby accept the appointment as registered agent and ages ions of all statutes relative to the proper and complete bligations of my position as registered agent as provide the reflect a change in the registered office address, leed in writing of anis change.	f the register iability composite of the limited lians.	ered office and the business pany, it is hereby confirmed liability company or as bility company.  Printed or typed na	s office of the registered ed that the change(s) otherwise provided in me of signee		