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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	o #1)		
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nan	ne)		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: November 13, 2014

Order#: 366055/002

Re: INSIGHT CATASTROPHE MANAGERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	ame of the limited liability company: INSIGHT CATA	ASTROPH	E MANAGERS, LLC
2 (a)	747 3RD AVENUE 30TH FLOOR	(b)	PO Box 13206
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NEW YORK N\ 10017		Tallahassee, FL 32317
	12/03/2008		L08000110906
3.	Date of filing/registration in Florida	4.	Document number
5. (a) Corey T. Neal		
(Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	2082 SUMMIT LAKE DR, Suite 1		
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	
			•,
	TALLAHASSEE , FI	L <u>32317</u>	
			A TI
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	
	1201 Hays Street		
	NEW Registered Office Address:		유는 <u>의</u>
			· ·
	Tallahassee , FI		
the chagent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticks of organization or the operating agreement of the	f the regist iability con of the limi e limited li	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. a Priebe, Authorized Person
Sign	/		Printed or typed name of signee
provis the ob to me	by accept the appointment as registered agent and age sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act e performa ed for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	BY: Sv	lvia Queppet, Assistant Vice President