

L14 0060 10691

(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, FLORIDA

C.M.  
8-12-14

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Financial Crime Partners LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh Burdett

\_\_\_\_\_  
Name of Person

Financial Crime Partners LLC

\_\_\_\_\_  
Firm/Company

3748 NW Mediterranean Ln

\_\_\_\_\_  
Address

Jensen Beach FL 34957

\_\_\_\_\_  
City/State and Zip Code

josh.burdett@fincrimenpartners.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josh Burdett

401

234-0107

at ( )

\_\_\_\_\_  
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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE

**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.*

**Financial Crime Partners LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

*(Note: **MUST BE STREET ADDRESS**)*

3748 NW Mediterranean Ln

Jensen Beach, FL 34957

Mailing address of limited liability company:

*(Note: **MAY BE POST OFFICE BOX**)*

3748 NW Mediterranean Ln

Jensen Beach, FL 34957

01/21/2014

L14000010691

3. Date of filing/registration in Florida

4. Document number

TMP RISK LLC

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3748 NW Mediterranean Ln

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Jensen Beach, FL 34957

Evangeline Grissom Bruhn

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1003 Tennessee Ave

Fort Pierce, FL 34950

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joshua M Burdett

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

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