

U1000142530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

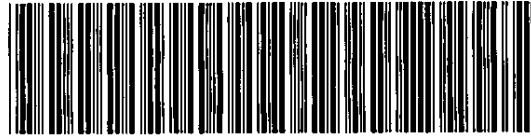
(Business Entity Name)

(Document Number)

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TO ACKNOWLEDGE  
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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 26 PM 5:00



JUL 28 2016

S. YOUNG

Date: 07/26/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: C016610

ENTITY NAME: RISK TRANSFER INSURANCE AGENCY, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUL 26 AM 8:00

Authorized Amount: \$25

Signature: Michelle Walker

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

*Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: RISK TRANSFER INSURANCE AGENCY, LLC

2. (a) Principal office address of limited liability company: 219 East Livingston Street  
**(Note: MUST BE STREET ADDRESS)**

Orlando, FL 32801

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

September 11, 2014

L14000142530

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Fabrizio, Dino A

Registered Office Address:  
219 E Livingston Street  
ORLANDO, FL 32801

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

NEW Registered Agent: National Corporate Research, Ltd., Inc.

NEW Registered Office Address: 115 North Calhoun St., Suite 4  
**(MUST BE FLORIDA STREET ADDRESS)**  
Tallahassee, FL 32301

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.

CA G  
Signature of a member or authorized representative of a member

Carl A. Gerson

Printed or typed name of signer

*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.*

Brandie Sullivan, Assistant Secretary  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**