

L14000192229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

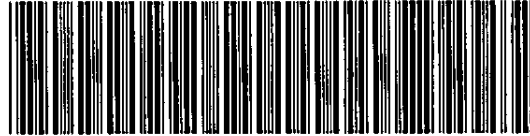
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500283056595

03/30/16--01018--020 **25.00

FILED
16 MAR 30 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

PRINCE RISK MANAGEMENT LLC

SUBJECT: _____
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:

Casey Wilson

Name of Person

Ascentia Enterprise MGMT & Consulting LLC

Firm/Company

2202 N West Shore Blvd, Suite 200

Address

Tampa / FL / 33607

City/State and Zip Code

cw@ascentiafe.com

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

For further information concerning this matter, please call:

Casey Wilson **813** **448-6558**

Name of Person at () 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

**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.

PRINCE RISK MANAGEMENT LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5496 WINDING CAPE WAY

MASON, OH 45040

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5496 WINDING CAPE WAY

MASON, OH 45040

12/17/2014

L14000192229

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:

NMS CERTIFIED PUBLIC ACCOUNTANTS, INC.

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

35 DAVIS BLVD.

Tampa

33606

, FL

(b) _____

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

INCORP SERVICES INC

NEW Registered Office Address:

17888 67TH COURT NORTH

LOXAHATACHEE

33470

, FL

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.

DOUGLAS PRINCE

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