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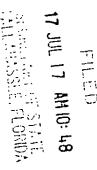
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(business chury Name)						
(Document Number)						
Certified Copies Certificates of Status						
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S. WARREN 'JUL 1 9 2017

		COVER I	LETTER					
	egistration Section ivision of Corporations M3 Risk Management Services, LLC							
SUBJEC								
SUBJE	Name of Limited Liability Company							
Dear Sir	or Madam:							
The encl	losed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.					
Please re	eturn all correspondence concerning the	is matter to the	e following:					
Marcia	Hopkins							
-	Name of Person							
M3 Ris	sk Management Services, LLC							
	Firm/Company							
744 M	arina Point Drive							
	Address							
Daytor	na Beach, Fl. 32114							
	City/State and Zip Code							
M3risk	management@gmail.com							
<u> </u>	mail address: (to be used for future ann	ual report noti	fication)					
For furtl	her information concerning this matter,	please call:						
Marcia	Hopkins	407	451-6866					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MAILING ADDRESS:						
	Registration Section		Registration Section					
Division of Corporations			ivision of Corporations					
	Clifton Building		P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
	Enclosed is a check for the following	closed is a check for the following amount:						
	■ \$25 Filing Fee	<u> </u>	S55 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.	Na	ame of the limited liability company: M3 Risk Management Services, LLC					
2.		744 Marina Point Drive, Daytona Beach, Fl. 33	2 _{(b}	744 Mari	ina Point Drive, Daytona Beach, F		
	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	,	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		EIN: 81-4393441	_				
		Please update Sunbiz with EIN#					
		11/08/2016		L1600020	5552		
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	United States Corporation Agents, Inc.					
٥.	(4)	Registered Agent and Registered Office shown on the records of th	:				
	Cheyenne Moseley						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2			
		13302 Winding Oaks Court Suite A					
		Tampa, FL	33612		三 · · · · · · · · · · · · · · · · · · ·		
	(b)	Marcia Hopkins					
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office ac		dress:			
		M3 Risk Management Services, LLC			FILED AND: 49		
		NEW Registered Office Address:					
		744 Marina Point Drive			·		
		Daytona Beach FL	32114				
the age wa the S	cha ent v s/we arti igna igna igna igna igna igna igna ign	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member on a member of all statutes relative to the proper and complete points of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete pigations of this change.	he regis bility co the lim imited l Ma:	stered office ompany, it is ited liability iability com rcia Hopkii	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee activ. I further agree to comply with the		
Sig	natu	ON TO SELVENTE OF REgistered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00