## 1800005920

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 101 RISK MANAGEMENT, LLC.		
	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
LANIER FIGUEREDO		
Name of Person	<del></del>	
Firm/Company		
866 E 20th ST		
Address		
HIALEAH, FLORIDA - 33013		
City/State and Zip Code	<del></del>	
101riskmgt@gmail.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please of	all:	
LANIER FIGUEREDO 31	05 4677065	
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	
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. Name of the limited liability company:	)1 RISK MANAGEMENT, LLC.
2. (a) 866 E 20th ST	(b) 866 E 20th ST
Principal office address of limited liability (Note: MUST BE STREET ADD	ty company: Mailing address of limited liability company:
HIALEAH, FLORIDA - 33013	HIALEAH, FLORIDA - 33013
01/11/2018	L18000005920
3. Date of filing/registration in Flo	orida 4. Document number
5. (a) FIGUEREDO, LUIS R, JR.	
Registered Agent and Registered Office shown of 866 E 20th ST	n the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLOR	RIDA STREET ADDRESS)
HIALEAH	
(b) LANIER FIGUEREDO	EW Registered Office address:
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
866 E 20th ST	<del>%</del> .
NEW Registered Office Address:	
HIALEAH	, FL 33013
ne change or changes are made, the Florida stre gent will be identical.—Or, in the case of a Flori	under the laws of the State of Florida, it is hereby confirmed that after et address of the registered office and the business office of the registered ida limited liability company, it is hereby confirmed that the change(s) he members of the limited liability company or as otherwise provided in ement of the limited liability company.
Jane and	LANIER FIGUEREDO
Signature of a member of authorized representative of a land the second in the second in the second in the proper a second in the proper and the obligations of my position as registered agents of merely reflected change in the registered office of the writing of this change.	member Printed or typed name of signee  gent and agree to act in this capacity. I further agree to comply with the ind complete performance of my duties, and I am familiar with and accept it as provided for in Chapter 605, F.S. Or, if this document is being filed e address, I hereby confirm that the limited liability company has been
Signature of Registered Agent	
4 /	