Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107

Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** \(\frac{1}{2} \)

Email Address:_

LLC REGISTERED AGENT CHANGE KB RISK SOLUTIONS, LLC

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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.

l. Nar	ne of the limited liability company: KB RISK SOLUTI	IONS, LI	<u> </u>		
	931 TULLIS RD	(b) 931 TULLIS RD			
2. (a) _	Principal office eddress of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LAWRENCEVILLE, GA 30043	_	LAWRENCEVILLI	E, GA 30043	
		_	L18000016993		
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	NRAI SERVICES, INC.		Dest of States		
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	he Flonds	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	ī		
	PLANTATION , FL	33324			
(b)	Corporate Creations Network Inc.			202 ואנו	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	dress:		
	801 US Highway 1			FILE 2020 JAN 30 AM REPARKALERY	
	NEW Registered Office Address:			11. ED 30 MM 8:27	
				8: 2 08/bb	
	North Palm Beach, FI	33408		27 Dá	
chang agent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iability of of the lir	ompany, it is hereby nited liability compa	confirmed that the change(s)	
	Lauren Underwood, Attorney-in-Fact				
Sign	ature of a member or authorized representative of a member			or typed name of signee	
I here provis the ob- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to ac perform ed for in hereby c	t in this capacity. I tance of my duties, c Chapter 605, F.S. (confirm that the limi	further agree to comply with the and I am familiar with and accept or, if this document is being filed ted liability company has been	
Lur	Lauren Underwood, Special Secretary ture of Registered Agent				

Question of the