Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				
	Division of Corporations			
	Fax Number	: (850)617-6383	بران 177	
From:			آسا	
	Account Name	: CORPORATE CREATIONS INTERNATIONAL INC.	-17	
	Account Number	: 110432003053	1	
	Phone	: (561)694-8107		
	Fax Number	: (561)694-1639		
		ss for this business entity to be used for fullings. Enter only one email address please.**	ture	
72.	mail Address:			

AB RISK SPECIALIST, LLC

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H20000035873

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

1. The name of the limited liability company is:	AB Risk Specialist, LLC			
2. (a) Principal office address of the limited liability comp	pany: 931 TULLIS RD			
(Note: MUST BE STREET ADDRESS)	LAWRENCEVILLE GA 30043			
(b) Mailing address of limited liability company:	931 TULLIS RD			
(Note: MAY BE POST OFFICE BOX)	LAWRENCEVILLE GA 30043			
1/19/2018	L18000018266			
3. Date of filing/registration in Florida	4. Document number			
5.(a) Registered Agent and Registered Office sh	own on the records of the Florida Dept	t. of State:		
Registered Agent:	NRAI SERVICES, INC	NRAI SERVICES, INC		
Registered Office Address:	1200 S PINE ISLAND RD	2020 JI SECR		
	PLANTATION FL 33324	2		
(b) Enter name of NEW Registered Agent and/or N	KW Registered Office address:	5 77 - 1 2 79 - 1		
NEW Registered Agent:	Corporate Creations Network Inc.			
NEW Registered Office Address:	801 US Highway I	1: 2 1) [2]		
(MUST BE FLORIDA STREET ADDRESS	5)	Ti		
	North Palm Beach FL 3	3408		
If the limited liability company is not organized under the or changes are made, the Fiorida street address of the regidentical. Or, in the case of a Florida limited liability con an affirmative vote of the members of the limited liability the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member of	istered office and the business office of the reg mpany, it is hereby confirmed that the change(s y company or as otherwise provided in the artic	istered agent will be s) was/were authorized by		
Courtney Nanke, Attorney-in-Fact (Printed or Typed name of signee)				
I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete perform my position as registered agent as provided for in Chapte in the registered office address, I hereby confirm that the Courtney N (Signature of Registered Agent)	nance of my duties, and I am familiar with and er 605, F.S. Or, if this document is being filed	l accept the obligations of to merely reflect a change writing of this change.		
INHS18(10/99)	TOT DOR GODE, y LUMBINGSEC, E ST DESIT			
Corporate Creations International Inc.				
801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107				