

L19000304845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

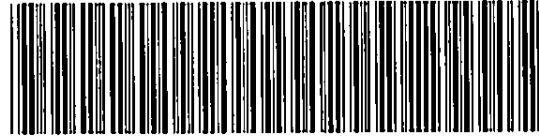
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE

MAY 15 2024

Office Use Only



700427998287

FILED

2024 MAY 14 AM 10:40

RECEIVED

2024 MAY 14 PM 12:00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 05/14/2024

Acc#120160000072

en: c DW

Name:	CONNECTED RISK SOLUTIONS, LLC
Document #:	
Order #:	15556254 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNECTED RISK SOLUTIONS, LLC
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:

Kim Dellinger

Name of Person

Connected Risk Solutions, LLC

Firm/Company

4725 Piedmont Row Drive, Suite 600,

Address

Charlotte, NC 28210

City/State and Zip Code

ct-statecommunications@wolterskluwer.com

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

For further information concerning this matter, please call:

Kim Dellinger

at (980) 987-7521

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: CONNECTED RISK SOLUTIONS, LLC

2. (a) <u>4725 Piedmont Row Drive</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>Ste. 600</u> <u>Charlotte, NC 28210</u>	(b) <u>4725 Piedmont Row Drive</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>Ste. 600</u> <u>Charlotte, NC 28210</u>
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3. <u>12/20/2019</u> Date of filing/registration in Florida	4. <u>L19000304845</u> Document number
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5. (a) CORPORATE CREATIONS NETWORK INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
801 US HIGHWAY 1

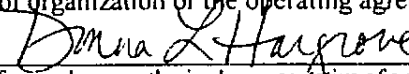
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
NORTH PALM BEACH, FL 33408

(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:

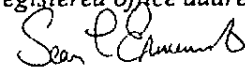
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
2024 MAY 14 PM 3:13
TALLAHASSEE, FL
CLERK OF THE STATE

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.

 Signature of a member or authorized representative of a member	<u>Donna L. Hargrove</u> Printed or typed name of signee
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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.

By: C T Corporation System 
Signature of Registered Agent SEAN L. EMERICK, ASSISTANT SECRETARY

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