

L95000000670

Requester Information
LAW OFFICES
**MISHAN, SLOTO, GREENBERG,
HELLINGER & UDOLF**
A PROFESSIONAL ASSOCIATION
FIRST UNION FINANCIAL CENTER • SUITE 2350
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131-2328

Office Use Only

CO

DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF CORPORATIONS
AUG -5 PM 1:51

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-07/30/99--01085--007
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

L95-670

Examiner's Initials

[Signature]

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Risk Based Solutions, L.C.
2. The mailing address of the limited liability company is: 5757 Blue Lagoon Dr., Suite 330
Miami, FL 33126

8/31/95

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3. Date of filing/registration in Florida
4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Caruncho & Mur, P.A.

Name
2600 Douglas Road, Suite 501

Address
Coral Gables, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

Ana C. Harris, Esq.

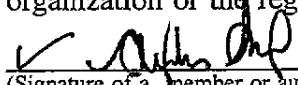
c/o Mishan, Sloto, et.al
200 South Biscayne Blvd., Suite 2350

Florida street address (P.O. Box NOT acceptable)

Miami FL 33131

City, State and Zip

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 a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.


(Signature of a member or authorized representative of a member)

Alexander Soria, President of Manager

(Printed or typed name of signee)

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. 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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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