## MOD DODOOD 2055

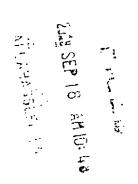
| (Requestor's Name)        |                         |                |  |  |
|---------------------------|-------------------------|----------------|--|--|
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| (Address)                 |                         |                |  |  |
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| (Address)                 |                         |                |  |  |
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| - (City)                  | (State/7in/Dhon         | - <del> </del> |  |  |
| (City/State/Zip/Phone #)  |                         |                |  |  |
| PICK-UP                   | MAIT                    | MAIL.          |  |  |
|                           |                         |                |  |  |
| (Business Entity Name)    |                         |                |  |  |
| (= = =                    | <b>,</b> <del>.</del> . | ,              |  |  |
|                           |                         |                |  |  |
| (Document Number)         |                         |                |  |  |
|                           |                         |                |  |  |
| Certified Copies          | Certificates            | of Status      |  |  |
|                           |                         |                |  |  |
| Special Instructions to F | iling Officer:          |                |  |  |
| Opecial manuchons to r    | imig Officer.           |                |  |  |
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19803

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

Storio Arto Soraya Sariaslani soraya sariaslani@cscglobal.com From:

Date: September 17, 2019

Order#: 873453-279

Re: PEACHTREE SPECIAL RISK BROKERS, LLC

Enclosed please find:

Change of Registered Agent and Office. Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis.

MM\_\_\_\_ Issue Proof of Filing.

Please return evidence to the following:

Attn: Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

## 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 sübmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N                       | ame of the limited liability company: PEACHTREE S  | SPECIAL   | RISK BROK  | KERS, LLC  |
|----------------------------|--|---|--|--|
| 2. (a)                     | 303 Corporate Center Drive   | (b)   | 220 S F  | Ridgewood Ave.   |
| ` '                        | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)   | (0)   |  | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                            | Suite 300  |   | Daytona E  | Beach, FL 32114  |
|                            | Stockbridge, GA 30281  | _   |  |  |
|                            | 10/03/2000   |   | M0000000   | 2055   |
| 3.                         | Date of filing/registration in Florida   | 4.  | ]  | Document number  |
| 5. (a)                     | C T CORPORATION SYSTEM   |   |  |  |
|                            | Registered Agent and Registered Office shown on the records of   | the Florida l   | Dept. of State:  | ۶.<br>۶.   |
|                            | 1200 SOUTH PINE ISLAND ROAD  |   |  |  |
|                            | Registered Office Address (MUST BE FLORIDA STREET)   | (DDRESS)  |  | - Ta :   |
|                            |  |   |  | 0  |
|                            |  | <del></del> -   |  |  |
|                            | PLANTATION FI.   | 33324   |  |  |
| ZI. X                      | Corporation Camina Communication   |   |  | SEP 10 AM 10: 4.   |
| (b)                        | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered   | Office adds   |  |  |
|                            | STATE OF THE STATE | Conice aggi   | <u>css</u> .   |  |
|                            | 1201 Hays Street   |   |  |  |
|                            | NEW Registered Office Address:   | · · · ·   |  |  |
|                            |  |   |  |  |
|                            |  | <del></del>   |  |  |
|                            |  |   |  |  |
|                            | Tallahassee , FL   | 32301   |  |  |
| ne cha<br>gent v<br>vas/we | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>are authorized by an affirmative vote of the members of<br>cles of organization or the operating agreement of the   | the registe<br>bility con<br>f the limit              | red office a<br>pany, it is l<br>ed liability              | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in  |
| _                          | Lie & Conce  | Jill Çil  | mi, Authoria   | zed Person   |
| Signat                     | ure of a member or authorized representative of a member   |   | Ī  | rinted or typed name of signee   |
| he obli<br>o mere          | by accept the appointment as registered agent and agre<br>ons of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>by reflect a change in the registered office address. I h<br>I in writing of this change  | ze to act in<br>performan<br>I for in Ch<br>ereby con | this capac<br>ce of my di-<br>apter 605, i<br>firm that th | ity. I further agree to comply with the<br>ties, and I am familiar with and accept<br>F.S. Or, if this document is being filed<br>e limited liability company has been |
| <u></u>                    | Inaco Cokuble  |   |  |  |
| Signatur                   | e of Registered Agent Corporation Service Company  | BY: Gra   | ce E. Kirb   | y. Assistant Vice President  |

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