## M0400000 1145

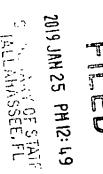
(Requestor's Name)							
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PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
(Document Number)							
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C. GOLDEN FEB - 4 2019



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: January 23, 2019

Order#: 570192-155

Re: SPECIALTY RISK SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

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

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

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

١.	Na	me of the limited liability company: SPECIALTY RIS	K SERV	ICES, LLC		
2	(a)	1100 RIDGEWAY LOOP	(b)	1100 RIC	DGEWAY LOOP	
	()	Principal office address of limited liability company:	<u> </u>		ailing address of limited liability c	ompany:
		(Note: MUST BE STREET ADDRESS)		•	(Note: MAY BE POST OFFICE	BOX)
		STE 200	_	STE 200		
		MEMPHIS, TN 38120	_	MEMPHIS	, TN 38120	
		03/26/2004	_	M04000001	1145	
3.		Date of filing/registration in Florida	4.	D	Document number	
5.	(a)	CT CORPORATION SYSTEM				
	(/	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:		
		1200 SOUTH PINE ISLAND ROAD			20	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		119, 141	
					JAN 29	<u>_</u>
					>^ U	
		PLANTATION , FL_	33324	<del></del>	ເກີ. ທີ <b>່</b>	m
	<b>(L)</b>	Corporation Service Company			PM I2: 49 OF STAIF SEE, FL	
	(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered C	)ffice add	ress:		
				<del></del>	<del>1</del> η <b>Ο</b>	
		1201 Hays Street				
		NEW Registered Office Address:				
				<del></del>		~ -
		Tallahassee FI.	32301			
		, FL_	32301	<del> </del>		
		mited liability company is not organized under the laws				
ag	ent v	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	oility cor	mpany, it is l	hereby confirmed that the ch	nange(s)
wa	ıs/we	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limi	ted liability	company or as otherwise pro	ovided in
.,,,	ann	7)			•	
-	Signal	ure of a member or authorized representative of a member	JIII C	ilmi, Authoriz F	Printed or typed name of signee	
I	- herel	by accept the appointment as registered agent and agre	e to act i	in this capac	city. I further agree to come	olv with the
pro the	ovisi e obl	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he	erforma for in C	nce of my du hapter 605	ities, and I am familiar with F.S. Or if this document is	and accept
10	mere tifier	ly reflect a change in the registered office address, I he I in writing of this change.	reby co	nfirm that th	e limited liability company	has been
110		race C. Kuble				
Si			BY: Gr	ace E. Kirb	y, Assistant Vice Presider	nt

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