

M05000004377

Florida Department of State
Division of Corporations
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**LLC REGISTERED AGENT CHANGE
SUREPOINT REINSURANCE ADVISORS, LLC**

Certificate of Status	0
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G. MCLEOD

JUL 30 2012

EXAMINER

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. Name of the limited liability company: SUREPOINT REINSURANCE ADVISORS, LLC
2. (a) Principal office address of limited liability company: 215 Commercial St., 4th Floor
Portland, Maine 04101
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 215 Commercial St., 4th Floor
Portland, Maine 04101
 (Note: **MAY BE POST OFFICE BOX**)
- 8/5/2005 M05000004377
3. Date of filing/registration in Florida
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System
 Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Business Filings Incorporated
NEW Registered Office Address: 515 E. Park Avenue,
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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.

Michael D. Lachance
 Signature of a member or authorized representative of a member

Michael Lachance, Member

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 as provided for in Chapter 608, 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.

Mark Williams
 Signature of Registered Agent
 Mark Williams, AVP, Business Filings Incorporated
 Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)