Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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		2019 JUL 29 SECRETAR TALLAHA		
	To:			UL 2
		Division of Corporations Fax Number : (850)617-6383		玉龙 2
		rax Houber . (050)017 0505		7.m **.
	From:			SSE PA
		Account Name : C T CORPORATION SY	YSTEM	္ကြယ္က ယ
		Account Number : FCA000000023 Phone : (614)280-3338		3: - STA1 E, FL
		Fax Number : (954)208-0845		· # 6
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62		AMERICAN UNION RISK AS Certificate of Status	0	
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Electronic Filing Menu

Corporate Filing Menu

Help

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. N	ame of the limited liability company: AMERICAN UN	VION RIS	K ASSOC	IATES, LLC				
2. (a)	101 Crawfords Corner Road, Suite 1300	((b) 101 Crawfords Corner Road, Suite 1300 Mailing address of limited flability company: (Note: MAY BE POST OFFICE BOX)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
	Holmdel, NJ 07733		Holmdel, NJ 07733					
	06/12/2006		 M060000					
3.	Date of filing/registration in Florida	 4.	W1000000	Document	number	 		
	·			Bocomen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
5. (a	Registered Agent and Registered Office shown on the records of CLEMENTI, THOMAS	inie:						
	Registered Office Address (MUST BE FLORIDA STREET	~~~						
	1250 E. HALLANDALE BEACH BLVD. SUITE 1003							
(b)	HALLANDALE BEACH	33009			71 038	2019		
	C T Corporation System		ALLA!	2019 JUL 29				
	Enter name of NEW Registered Agent and/or NEW Registere		SECRETARY OF STAI	⊋				
	NEW Registered Office Address:	_	STAT , FL	မှ 6	g #F kage			
	1200 South Pine Island Road	Island Road				9		
	Plantation . F	33324 L						
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I erre authorized by an affirmative vote of the members yelds of organization or the operating agreement of the	If the reginability of the lin	istered off company, i nited liabi	ice and the bu t is hereby cou lity company (siness off ifirmed th	fice of t hat the	he registered change(s)	
	linelly of fages	Kei	nneth L. Ha					
•	ature of a member or authorifed representative of a member		ua su abisu u	Printed or ty		=		
provis the ob to mei notifie	thy accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide with reflect a change in the registered office address, I ad in writing of this change.	gree to ac e perforn ed for in hereby c	et in this co nance of n Chapter 6 confirm the	apacity. I furl ny duties, and . 105, F.S. Or, i at the limited l	her agree l am fam f this doc liability c	e to con iliar wit rument i rompan	nply with the th and accept is being filed by has been	
By:	C T Corporation System ure of Registered Agent	>						
.3151141	Terrie Bates, Assistant Secre	etary						

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