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PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		
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**B. KOHR** 

MAR - 3 2010

**EXAMINER** 



REFERENCE : 279710 4385593

AUTHORIZATION :

COST LIMIT

ORDER DATE: February 9, 2010

ORDER TIME : 12:50 PM

ORDER NO. : 279710-365

CUSTOMER NO: 4385593

## CHANGE OF AGENT

NAME: ALLIED RISK SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.5 company submits the following statement in order to chain the State of Florida.	08, Florida Statutes, the undersigned limited liability inge its registered office or registered agent, or both,
Name of the limited liability company: ALLIED RISK SOLUTIONS, LLC	
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	Jericho, NY 11753
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	390 N Broadway Jericho, NY 11753
11/20/2007	M0700006822
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	2731 Executive Park Drive Suite 4 Weston, FL 33331 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:  Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street  Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is
Blanca Lozada, Authorized Representative (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in a registered agent as provided for in Chapter 608, change in the registered office address, I hereby and in writing of this change.
(Signature of Registered Agent) Sylvia Queppet, Asst. VP	

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