M08000000 490

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





200334310712

09/19/19--01028--003 **35.80

241 SEP 15 AN 10: 43





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: September 17, 2019

Order#: 873454-048

Re: PUBLIC RISK UNDERWRITERS INSURANCE SERVICES OF TEXAS,

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

 \overline{XX} File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

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

<u>XX</u> 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.

1. 8	dame of the limited liability company: PUBLIC RISK L	JNDERW	RITERS INSURANCE SERVICES OF TEXAS, LLC
2. (a	Suite 450	(b)	220 S. Ridgewood Ave.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	101 W Renner Rd	_	Daytona Beach, FL 32114
	Richardson, TX 75082		
	01/29/2008		M08000000490
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CT CORPORATION SYSTEM		당 : 15년
	Registered Agent and Registered Office shown on the records of t	he Florida (Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			Dept. of State:
	PLANTATION . FL	33324	
	_		
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addr	ress:
	1201 Hays Street		
	NEW Registered Office Address:	 _	
	Tallahassee	32301	
igent v was/w he arti	imited liability company is not organized under the law- ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registe bility com the limite	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Jill Cil	lmi, Authorized Person
			Printed or typed name of signee
he obl o mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I in writing of this change	e to act in performan for in Ch preby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been
Signato	re of Registered Agent Corporation Service Company	DV. C	II IZ I
	Corporation Service Company	DY: Ura	ICC E. Kirby Assistant Vice President

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