M08000004017

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(City/State/Zip/Phone #)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195							
REFERENCE : 590562 8307562							
AUTHORIZATION :							
COST LIMIT : \$ 25.000							
ODDDD DAWN							
ORDER DATE : April 5, 2022							
ORDER TIME : 1:43 PM							
ORDER NO. : 590562-110							
CUSTOMER NO: 8307562							
CHANGE OF AGENT							
NAME: PROFESSIONAL RISK SOLUTIONS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker							
EXAMINER'S INITIALS:							

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.

2. (a)		1	h)				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)				
	37 MOUNTAIN BOULEVARD SUITE 3		37 MOU	INTAIN BOULE	BOULEVARD SUITE 3		
	WARREN, NJ 07059	WARREN, NJ 07059 M08000004017					
	09/02/2008						
3.	Date of filing/registration in Florida	4.		Document nu	ımber	- -	
5. (a)							
(st)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	ate:			
	PARACORP INCORPORATED						
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRES</u>	<u>S)</u>	_			
	155 OFFICE PLAZA DR 1ST FLOOR						
	TALLAHASSEE	32301					
	TALLAHASSEE FI					~	
/ la x					· · · · · · · · · · · · · · · · · · ·	7672 M	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ldress:		- 773	22	•
					-	1	•
	Corporation Service Company						
	NEW Registered Office Address:					<u>:</u> _	
	1201 Hays Street					,	
	Tallahassee	32301					
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability co of the lin	ed office ar ompany, it nited liabili	nd the business is hereby confi ity company or	office of rmed that	`the registe I the chang	ered ge(s)
/s/Natalic Logan			Natalie Logan, Authorized Person				
Signature of a member or authorized representative of a member				Printed or typed name of signee			
provisi he obl. o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is fin writing of this change.	ee to ac perform I for in (hereby c	t in this cap ance of my Thapter 60, onfirm that	pacity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree to m familia his docun bility con	eomply w with and nent is bein npany has	eith the laccept ng filed heen
/	s/Grace E. Kirby		Grace	E. Kirby, Asst	Vice Pre	sident	
	re of Registered Agent		<u> </u>	120 1511 (27, 21, 23)	- 100 1 10	<u> </u>	