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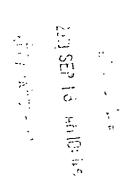
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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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#: 873454-368

Re: WRIGHT RISK MANAGEMENT COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

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

XX 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. 1	Name of the limited liability company: WRIGHT RISK MANAGEMENT COMPANY, LLC					
2. (a)	900 Stewart Avenue,Suite 600	(b)	(b) 220 S. Ridgewood Ave.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*,		Mailing address of limited (Note: MAY BE POST		
	Garden City, NY 11530	<del></del>	Daytona	Beach, FL 32114		
			··			
	01/23/2009		M090000	00329		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	C T CORPORATION SYSTEM			_		
	Registered Agent and Registered Office shown on the records of t	he Florida l	Dept. of State	· ::		
	1200 SOUTH PINE ISLAND ROAD			نيوة.	F	
	Registered Office Address IMUST BE FLORIDA STREET A	DDRESS)		٠ - - -	1382	
	PLANTATION FL.	33324			121 SEP 150 FAI 10: 4.2	
(b)	Corporation Service Company				. ō	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>'ess</u> :		ैं । इंट	
	1201 Hays Street					
	NEW Registered Office Address:					
	Tallahassee . FL	32301				
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers.	the registe bility con Tthe limit	ered office ipany, it is ed liability	and the business offi hereby confirmed that company or as other	ce of the registered	
	Xie E. Comi	Jill Ci	lmi, Author	ized Person		
	ature of amember or authorized representative of a member			Printed or typed name of		
orovis the oh to mer notifie	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided welv reflect a change in the registered office address. I had in writing of this change.	te to act in performan for in Ch ereby con	n this capa ice of my d apter 605, firm that i	icity. I further agree, luties, and I am famili F.S. Or, if this docu he limited liability co.	to comply with the iar with and accept ment is being filed mpany has been	
<u>(</u>	re of Registered Agent Corporation Service Company					
Signate	are of Registered Agent Corporation Service Company	BY: Gra	ice E. Kirl	by, Assistant Vice P	resident	

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