## M09000004049

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



600253149506

10/30/13--01028--001 \*\*25.00

2013 OCT 3 D PH 12: 26
SECRETARY OF STATE

OCT 3 1 2019
T. 14/12/PTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: October 28, 2013

Order#: 846294-086

Re: CORNERSTONE UNDERWRITING PARTNERS, 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: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

OUCA.XCOA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: <u>CORNERS</u>	TONE UNDERWRITING PART	TNERS, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 800 Oak Ridge Turnpike Suite A-1000 Oak Ridge, TN_37830	e
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	800 Oak Ridge Turnpike Suite A-1000 Oak Ridge, TN 37830	8
10/13/2009	M0900004049	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	n on the records of the Florid	la Dept. of State:
Registered Agent:	C T Corporation System	1
Registered Office Address:	1200 South Pine Island Plantation, FL 37830	SECRE OC TI
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office ad	ddress 3
NEW Registered Agent:	Corporation Service Cor	mpany 3
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	12: 26
	Tallahassee	,FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, that and the business office of the registered agent will be included in the change of the limited liability company or as other than the operating agreement of the limited liability company or as other company or as	he Florida street address of t identical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article	the registered office a Florida limited
Dona Priebe, Authorized Person Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com		
By: Ynac. 2-Kuble Signature of Registered Agent Corporation Service Compar	ny Graco E Kirhy Assiste	ant VP

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