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J. BRYAN

OCT -4 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	BJECT: Digital Risk Analytics, LLC Name of Limited Liability Company			
	Name of L	Limited Liability Company		
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	g this matter to the following:		
· · · · · · · · · · · · · · · · · · ·	Deborah K. Hoffman, General Co Name of Person	Counsel		
	Digital Risk Analytics, LLC Firm/Company			
	2301 Maitland Center Parkway, St Address	Guite 165 Guite 165 Guite 165		
	Maitland, FL 32751 City/State and Zip Code	THE STATE OF THE	,	
Ē	dkhoffman@digitalrisk.com	notification)		
For fu	rther information concerning this matte	ter, please call:		
	Challise McCurry	at (407)215-2900 ext 2408		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	ng amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.

agent, or both, in the blate of 1 tortale.	
1. Name of the limited liability company:	Digital Risk Analytics, LLC
2. (a) Principal office address of limited liability comp	eany: 2301 Maitland Center Parkway
(Note: MUST BE STREET ADDRESS)	Suite 165 Maitland, FL 32751
(b) Mailing address of limited liability company:	SAME AS ABOVE
(Note: MAY BE POST OFFICE BOX)	
Apil 19, 2010 3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State.
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street
·	Tallahassee, FL 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:
NEW Registered Agent:	Deborah K. Hoffman, General Counsel
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Digital Risk Analytics, LLC 2301 Maitland Center Pkwy, Suite 165 Maitland ,FL32751
If the limited liability company is not organized under the confirmed that after the change or charges are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as ot or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.
Edward A. Santos	
Printed or typed name of signee	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Digital Risk Legal Dept Approved for Execution

FILING FEE: \$25.00