

| (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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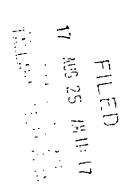
Office Use Only



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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: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: August 23, 2017

Order#: 779624-014

Re: SONOMA RISK MANAGEMENT, 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: Ashley Jiminez 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.

| Name of the limited liability company: SONOMA RISK MANAGEMENT, LLC   |   |             |                     |  |  |
|--|---|-------------|---------------------|--|--|
| 2. (a)   | 11150 WEST OLYMPIC BLVD   | _ (b)       | (b) P.O. BOX 469011 |  |  |
| 2. (u)   | Principal office address of limited liability company:                            | _ (")       | Mai                 | ling address of limited liability company: |  |
|  | ( <u>Note: MUST BE STREET ADDRESS</u> )   |             | Q                   | Note: MAY BE POST OFFICE BOX)              |  |
|  | SUITE 680   | <u>.</u> .  | <u>.</u> .          |  |  |
|  | LOS ANGELES, CA 90064   |             | SAN ANTO            | NIO, TX 78246                              |  |
|  | 11/02/2010  |             | M10000004           | 852  |  |
| 3.   | Date of filing/registration in Florida  | 4.          | D                   | ocument number                             |  |
| 5 (a)  | NRAI SERVICES, INC  |             |                     |  |  |
| 5. (a)   | Registered Agent and Registered Office shown on the records of the                | e Florida I | Dept. of State:     |  |  |
|  |   |             |                     |  |  |
|  | 1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET AL | DDRECC      |                     |  |  |
|  | Registered Office Addless (MOST BE TECKIDA STREET AD                              | JUNESSI,    |                     |  |  |
|  |   |             |                     |  |  |
|  | Plantation , FL   | 33324       |                     |  |  |
|  |   |             | -                   |  |  |
| (b)  | Corporation Service Company   |             |                     |  |  |
| (")  | Enter name of NEW Registered Agent and/or NEW Registered O                        | Office addi | CSS:                | <del>-</del>                               |  |
|  |   |             |                     | 1. 青亚                                      |  |
|  | 1201 Hays Street  |             |                     |  |  |
|  | NEW Registered Office Address:  |             |                     | THE TOTAL THE TA                           |  |
|  |   |             |                     |  |  |
|  |   |             |                     |  |  |
|  | Tallaharara   | 20204       |                     | · = =                                      |  |
|  | Tallahassee , FL  | 32301       |                     | ; <del>-</del>                             |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  |   |             |                     |  |  |
| /s/ Craig S. Comeaux Craig S. Comeau   |   |             | S. Comeau           | x, Manager                                 |  |
| Signature of a member or authorized representative of a member Printed or typed name of signee   |   |             |                     |  |  |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent Corporation Service Company By: Grace E. Kirby, Asst. Vice President |   |             |                     |  |  |