

M120000024603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

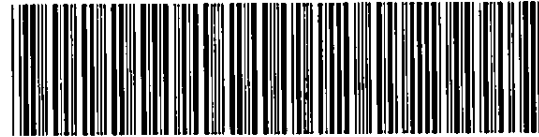
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2011-03-26 AM 9:10
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TALLAHASSEE, FL

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26 PM 3:35
CLERK OF STATE
TALLAHASSEE, FL

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R. HUNT

03/26/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 03/26/24
Order #: 1464145-1
Re: EDISON RISK, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00

120000000195

AUTH

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 MAR 26 AM 9:10
DEPT OF STATE
TALLAHASSEE, FL

**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. Name of the limited liability company: EDISON RISK, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1202A East Atlantic Ave

Delray Beach, FL 33483

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1202A East Atlantic Ave

Delray Beach, FL 33483

08/15/2012

M12000004603

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:

THARPE, WILLIAM W

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

204 SOUTH MONROE STREET

TALLAHASSEE, FL 32301

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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CORPORATIONS
TALLAHASSEE, FL
JUN 26 AM 9:10

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/ Jonathan Moulton

Jonathan Moulton, Member

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.

Debra C. Kurbyle
Signature of Registered Agent

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

FILING FEE: \$25.00

CSC COA-3485