

M13000004238

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000148733 3))



H220001487333ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 APR 25 PM 4:05

LLC REGISTERED AGENT CHANGE
CRP OF NEW JERSEY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
2022 APR 25 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX
Help
APR 26 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Construction Risk Partners, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Meeker

Name of Person

Computershare Governance Services Inc.

Firm/Company

801 US Highway 1

Address

North Palm Beach, FL 33408

City/State and Zip Code

tiffany@corpcreations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Meeker

561
at ()

694-8107

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following 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 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: Construction Risk Partners, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1250 ROUTE 28 #201 BRANCHBUG, NJ 08876

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 07/02/2013 Date of filing/registration in Florida

4. M13000004238 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENT SOLUTIONS, INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 OFFICE PLAZA DRIVE SUITE A
TALLAHASSEE, FL 3201

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporate Creations Network Inc.
NEW Registered Office Address:
801 US Highway 1
North Palm Beach, FL 33408

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.

[Signature] Signature of a member or authorized representative of a member

Tiffany Meeker, Attorney-in-Fact 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] Spacial Secretary

Signature of Registered Agent

2022 APR 11 11:35 AM
 STATE OF FLORIDA
 TALLAHASSEE