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Certified Copies	Certificates of Status								
Special Instructions to Filing Officer:									





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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: Tecora Bell tecora.bell@cscqlobal.com

Date: September 5, 2017

Order#: 772449-257

Re: CASTLELINE RISK AND INSURANCE SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

X 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: Tecora Bell 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.

١.	Na	me of the limited liability company:	CASTLELINE RI	SK AND	INSURAN	CE SERVICES,	LLC		
2 (1)		535 Madison Avenue, 30th Floor		(b)	4000 Alice conflor Del CAR 000				
۷.	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		New York NY	10022	_	Atlanta, (SA 30328-5604			
		08/28/2013			M130000	05444			
3.		Date of filing/registration is	n Florida	4.		Document num	ber		
5.	(a)	CT CORPORATION SYSTEM							
J. (()	Registered Agent and Registered Office sho	wn on the records of th	ne Florida	Dept. of State	: ::			
		1200 S PINE ISLAND RD							
		Registered Office Address (MUST BE FLORIDA STREET ADDR.				-			
						_			
		PLANTATION	FL_	33324		-	<u> </u>	S Har	
	(b)	Corporation Service Company				-	25.7 25.3 10.3	SEP	Sins.
		Enter name of <u>NEW Registered Agent</u> and	/or <u>NEW Registered (</u>	Office add	ress:		en.	7	a Property
		1201 Hays Street				_		P# 4:	i i i i i i i i i i i i i i i i i i i
		NEW Registered Office Address:						<u>.</u>	
			· · · · · · · · · · · · · · · · · · ·			-			
		Tallahassee	, FL_	32301		_			
the ag wa the I in the to no	e cha ent v as/we e arti Signa here, ovisi e obl mere, orified	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of areanization or the operating ture of a member or authorized representative by accept the appointment as registerions of all statutes relative to the profigations of my position as registered of in writing of this change.	a street address of Florida limited lia of the members of agreement of the least of a member red agent and agree per and complete pagent as provided office address, I have a street and complete pagent as provided to fice address, I have a street and agent as provided to fice address, I have a street address.	the regis bility con f the limi limited li Jill C ee to act performa f for in C ereby co	tered officenpany, it is ted liability con ilmi, Authorized in this capinate of my hapter 602 of irm that	e and the busines s hereby confirm y company or as npany. prized Person Printed or typed n accity: I further	ss office ned that is otherwin ame of sign agree to familian s docume lity comp	of the the cha se pro comple with ent is l pany h	registered ange(s) vided in