Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

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

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LLC REGISTERED AGENT CHANGE ALL TRANS RISK SOLUTIONS LLC

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DEC 3 0 2016

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.

| . (a) | ONEINTERNATIONALBLVD | (b) Sam | |
|-----------------------------|---|---|--|
| | Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS) | • | Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) |
| | MAHWAII,NJ07495 | | time aprillation (VIII) |
| | | | |
| | 4/4/2014 | M1406 | 00002326 |
| | Date of filing/registration in Florida | 4, | Document number |
| (a) | HATCH, JOHND, ESQ | | |
| - | Registered Agent and Registered Office shown on the records of 1267BERKSHIRELANE, STE, 200 | f the Florida Dept. o | of State: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| | TARPON SPRINGS , FI | _34688 | 6 DEC 29 |
| 4.5 | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | 1 Office address: | |
| | CTCorporationSystem | | ORAL STATE |
| | NEW Registered Office Address: | | |
| | 1200SouthPincIslandRoad | | • |
| | Plantation , FI | 33324 | |
| ie chai gent w /as/we | mited liability company is not organized under the la nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ws of the State of the registered lability company of the limited li | office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. |
| | ure of amember oranthorized representative of a member | · | Printed or typed name of signee |
| hereb rovisio ie obli | ty accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providity reflect a change in the registered office address, I in writing of this change. | ree to act in this performance o ed for in Chapte hereby contirm | s capacity. I further agree to comply with to f my duties, and I am familiar with and according files. The following files of the files of the files of the finite of the files of the file |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00