

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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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
C.P. RISK SERVICES LLC

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Corporate Filing Menu

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K. SALY

DEC 30 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.

1. Name of the limited liability company: C.P.RISKSERVICESLLC(Nameindomicile:CPTransportationLLC)

2. (a) ONEINTERNATIONALBLVD, (b) Same

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

MAHWAH,NJ07495

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

06/16/2014

M14000004236

3. Date of filing/registration in Florida 4. Document number

5. (a) HATCH,JOHN,ESQ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1267BERKSHIRELANE,STE 200

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TARPON SPRINGS, FL 34688

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

CTCorporationSystem

NEW Registered Office Address:

1200SouthPinelIslandRoad

Plantation, FL 33324

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 of a member or authorized representative of a member

DeniseBell

Printed or typed name of signer

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.

By: CTCorporationSystem

Signature of Registered Agent

James M. Halpin
Assistant Secretary

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

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TALLAHASSEE, FLORIDA