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.

(((H15000291251 3)))



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 : C T CORPORATION SYSTEM Account Number : FCA000000023

: (850)205-8842 Phone : (850)878-5368 Fax Number

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

Email Address:

LLC REGISTERED AGENT CHANGE VIRTUE RISK PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

DEC 1 0 2015

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.

I. N	ame of the limited liability company: VIRTUE RISK	C PARTNERS,	LLC
2. (a)	ONE BLUE HILL PLAZA, SUITE 1315	(b) (b)	ONE BLUE HILL PLAZA, SUITE 1515
- (<i>)</i>	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)
	10TH FLOOR	1	OTH FLOOR
	PEARL RIVER, NY 10965		PEARL RIVER, NY 10965
	12/24/2014	М	1400009224
3.	Date of filing/registration in Florida	4.	Document number
5. (a	3H AGENT SERVICES, INC.		
J. (a	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:
	1415 PANTHER LANE, SUITE 327		1. 20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		1866
	NAPLES	Fl34109	9-9-6
(b)	C T Corporation System		THE E C
	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	1200 South Pine Island Road		
	Plantation	FL 33324	
the chagent was/v the ar Sign I her provisite of to me notific	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of a street of a member or authorized representative of a member and completions of all statutes relative to the proper and completing ations of my position as registered agent as proved reference of this change in the registered office address of the writing of this change	of the registed liability comes of the limited liability the limited liability MICH	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. ELE HOLDEN Printed or typed name of signee at this capacity. I further agree to comply with the cee of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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