## M15000006953

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1/3/2018

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date:
Name: Merritt Knickle
Reference #:
Entity Name: GEMINI RISK PARTNERS, LLC
Articles of Incorporation/Authorization to Transact Business
☐ Amendment
☑ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitous Name
Other
Authorized Amount: <u>\$25</u>
Signature:

© CORPORATE HQ COGENCY GLOBAL INC 10 E 40 ST, 10 "FL NY, NY 10016 800.221.0102

-1.212.947.7200

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A HONG JONG LA TED COMPANY
INFINITUS PLAZA, 12 T FL
199 DES VOEUX RD CENTRAL
HONG KONG



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

•852.3975.1803

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114, 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: GEMINI RISH	( PARTNERS, LLC	
2. (a) Principal office address of limited liability company.		
(Note: MUST BE STREET ADDRESS)	Bloomfield Hills, MI 48304	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	39572 Woodward Avenue. Suite 201	
	Bloomfield Hills, MI 48304	
August 31, 2015	M15000006953	~7
3. Date of filing/registration in Florida	Document number	ξij.
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State	:
Registered Agent:	Corporation Service Company	<u>ယ်</u>
Registered Office Address:	1201 Hays Street	
	Tallahassee, FL 32301-2525	<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	COGENCY GLOBAL INC.	<del></del>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered off cal. Or, in the case of a Florida limited	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision of all statutes relative to the provision of the obligations of the provision of the company of the company of Registered Agent Sean Honan, Assistant Secretary		ree to uties, or in fice nge.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**