

MI6000003219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

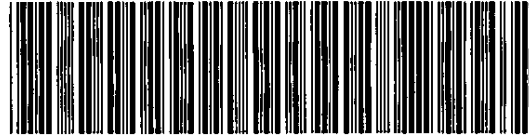
(Business Entity Name)

(Document Number)

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Y SULKER



LauraLee (LL) Sales  
Paralegal IV  
[lauralee.sales@amtrustgroup.com](mailto:lauralee.sales@amtrustgroup.com)

September <sup>30</sup>~~28~~, 2016

Division of Corporations  
Registration Section  
2661 Executive Center Circle  
Clifton Building  
Tallahassee, FL 32301

RE: Total Program Management, LLC  
Change of Registered Agent

Dear Sir or Madam:

Please accept the completed Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company forms, and Check No.138213 in the amount of \$25.00, to process Total Program Management, LLC's change in registered agent.

Please let me know when the change has occurred so that I can confirm such change with the former and new registered agents. Of course, feel free to contact me should you have any questions.

Best regards,

A handwritten signature in cursive script, appearing to read 'LL Sales'.

LauraLee (LL) Sales

Encls.

## COVER LETTER

**TO: ,** Registration Section  
Division of Corporations

**SUBJECT:** Total Program Management, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LL Sales

Name of Person

## AmTrust Financial Services

Firm/Company

800 Superior Ave., 21st Fl.

## Address

Cleveland, OH 44114

City/State and Zip Code

regulatorycompliance@amtrustgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LL Sales

at (216) 553-3081

Name of Person

Area Code &amp; Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: Total Program Management, LLC

2. (a) 4175 Veterans Memorial Hwy (b) 4175 Veterans Memorial Hwy

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite 306

Suite 306

Ronkonkoma, NY 11779

Ronkonkoma, NY 11779

4/18/2016

M16000003219

3. Date of filing/registration in Florida

4. Document number

5. (a) NRAI Services, Inc.

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

1200 S Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Barry W. Moses

Signature of a member or authorized representative of a member

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.*

Signature of Registered Agent

Janet Budhu, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00