

1/14/2020

Division of Corporations

**MI 800 000 5097**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800)567-4397  
Fax Number : (800)567-4398

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

Email Address: rhenderaon@urscompliance.com

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 14 AM 10:36

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2020 JAN 14 PM 4:36

**LLC REGISTERED AGENT CHANGE  
PRIME RISK PARTNERS INSURANCE AGENCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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JAN 15 2020

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRIME RISK PARTNERS INSURANCE AGENCY, 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:

Karman Ma Chan

Name of Person

PRIME RISK PARTNERS INC.

Firm/Company

8025 WESTSIDE PKWY, SUITE 200

Address

ALPHARETTA, GA 30009

City/State and Zip Code

rhenderson@urscompliance.com

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

For further information concerning this matter, please call:

Nathaniel Walden at (800) 277-9977  
Name of Person Area Code & 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

INHS18 (2/14)

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# 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: PRIME RISK PARTNERS INSURANCE AGENCY, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
8025 WESTSIDE PKWY, SUITE 200  
ALPHARETTA, GA 30009

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
8025 WESTSIDE PKWY, SUITE 200  
ALPHARETTA, GA 30009

3. 05/29/2018 Date of filing/registration in Florida

4. M18000005097 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYS STREET

TALLAHASSEE, FL 32301-2525

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

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

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.

Karman Ma Chan

Signature of a member or authorized representative of a member

Karman Ma Chan

Printed or typed name of signee

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.

Kathy Clark Kathy Clark, Asst. Secretary

Signature of Registered Agent

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

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 2020 JAN 14 AM 10:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FL