## M20 000 00 7530

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	·····			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
6/30/31				

Office Use Only



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10/18/21--01040--027 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Platinum Specialty Underwriters, LLC	
Name of Limit	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Darrell Belch	
Name of Person	
311 Corporate Services, LLC	
Firm/Company	<del></del>
36 Long Alley	
Address	
Saratoga Springs, NY 12866	
City/State and Zip Code	<del></del>
sostitings@3hcs.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	l:
Darrell Belch 518	1
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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.

` '		(b	) .	
	Principal office address of limited liability company	:	·	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 50 BREWERY STREET, SUITE 8478		so open	( <u>Note: MAY BE POST OFFICE BOX</u> ) 'ERY STREET, SUITE 8478
	OUREWERT STREET, SOITE 8478			ERT STREET. SOTTE 8478
	NEW HAVEN, CT 06530	<del></del>	NEW HA	VEN, CT 06530
	08/12/2020		M20000	007530
3.	Date of filing/registration in Florida	4.		Document number
5. (a	1			
. (	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of Star	de:
	CORPORATE CREATIONS NETWORK	INC.		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS	<u> </u>	_
	801 US HIGHWAY 1			
	NORTH PALM BEACH	. FL 33408		PILL MID: 28
		· · · · ·		- 
(b)				Eg o Ti
	Enter name of NEW Registered Agent and/or NEW Registered	tered Office ad	d <u>ress</u> :	過され
	3H Agent Services, Inc.	-		-
	NEW Registered Office Address:			70 <b>2:</b>
	1415 Panther Lane, Suite 327			_
	Naples	<sub>EI</sub> 34109		<b>⊕</b>
	limited liability company is not organized under the	e laws of the	State of FI	orida, it is hereby confirmed that after the
the hang	e or changes are made, the Florida street address of	THE TERISIER	u omee an	in the pushiess office of the registered
hang gent	e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite	ed liability co	mpany, it i	s hereby confirmed that the change(s)
hang gent v <b>as/w</b>	will be identical. Or, in the case of a Florida limite rere authorized by an affirmative vote of the member	ed liability co ers of the lim	mpany, it i ited liabilit	s hereby confirmed that the change(s) by company or as otherwise provided in
hang gent v <b>as/w</b>	will be identical. Or, in the case of a Florida limite	ed liability co ers of the lim	mpany, it i ited liabilit iability cor	s hereby confirmed that the change(s) by company or as otherwise provided in inpany.
hang gent vas/w he ar	will be identical. Or, in the case of a Florida limite rere authorized by an affirmative vote of the member	ed liability co ers of the lim	mpany, it i ited liabilit	s hereby confirmed that the change(s) by company or as otherwise provided in inpany.
hang gent vas/w he ard Sign / herovis he ob	will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the membricles of organization of the operating agreement of	ed liability co	mpany, it i ited liabilit iability cor Roland	s hereby confirmed that the change(s) by company or as otherwise provided in an appany.  Printed or typed name of signee  arcine. I further agree to comply with the