Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)222-1092

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

Email (Address:

HAR 20 AM 8: 07

## REGISTERED AGENT CHANGE PUBLIC RISK UNDERWRITERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

3/20/2012

https://efile.sunbiz.org/scripts/efilcovr.exe

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## **COVER LETTER**

UBJECT:	PUBLIC RISK UNDERV	/riters, inc.		
	Name of Co	rporation	<del></del>	
OCUMENT NUMBER:P07000100686				
he enclosed Statement of Ch	ange of Registered Office	Agent and fee are	submitted for filing.	
lease return all corresponden	ce concerning this matter	to the following:		
• .		•	,	
·		·	<del></del>	
	Name of Con	act Person		
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	City/State and	Zip Code	<del></del>	
	pbriand@bbinsl	egal.com		
E-mail add	iress: (to be used for fut	ire annual report	notification)	
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further information concern	ning this matter, please cal	!: .		
		•	•	
Name of Contac	t Person	at ()	Daytime Telephone Nu	mb
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losed is a \$35,00 check mad	ic payable to the Departme	ent of State.		
	•	•		
Mailta	g Address: iment Section	Street Add	lness:	
	on of Corporations	Amendment Section Division of Corporations		
P.O. E	lox 6327	Clifton Br	rilding	
Tallah	assec, FL 32314	2661 Exe	cutive Center Circle	٠

03\50\5015 06:30 8626336035

CR2B045 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpo	oration organi	, 607.1508, or 617.1508, Floric zed under the laws of the State o red agent, or both, in the State o	f Florida
1. The name of	the corporation:	טק	BLIC RISK UNDERWRITERS	, INC.
2. The principal	office address: ENT EXECUTIVE COURT S		E MARY FL 32746	· · · · · · · · · · · · · · · · · · ·
•	eddress (if different):	SUITE 600 LA	IKE MARY FL 32746	
4. Date of incorp	poration/qualification:	9/7/2007	Document number:	P07000100686
	d street address of the curren riment of State: (If resigned,		ent and registered office on file	with the
	CORPORATION SERVICE	COMPANY		یے سے
•	1201 HAYS STREET TALL	ahassee Fl	32301	S S
				7 经第
6. The name and (if changed):	street address of the new re	gistered agent	(if changed) and /or registered (	office SEEFFL
·	c/o C T Corporation System,	1200 South Pin	c Island Road	REL
	Plantation, Florida 33324 ss of its registered office as	P.O. Box NOT a  Id the street ad	dress of the business office of	f its registered agent,
			y its board of directors or by hed in writing of the change.	
Halk	Và Helen	15	Sharlin Aldao, Vice	1
l hereby accept if further agree to of my duties, and document is betterproperation has	the appointment as register o comply with the provision of I am familiar with and ac ong filed merely to reflect a f been notified in writing of	red agent and ess of all statute cept the obligation this change in the this change.	Proted or typed name ma agree to act in this capacity, is relative to the proper and c ation of my position as registe egistered office address, I hav	
By:	Corporation System		03/09/2012	<u> </u>
f signing on bol	•		Date	·
72	Kristin Bolden Salstant Secretary	FILING FEE:	: \$35.00 * * *	
MA R2E045 (8/05)	Make Checks Paya Il to: Division of Corpo	BLE TO FLORI RATIONS, P.O.	da department of State Box 6327, Tallahassee, Fi	L32314

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FL086 - 07/33/2009 C T System Onlikes