PO7000/3304

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CALTANTO PH 4: 42 CALTANTO OF STATE ALLAHASSEE, FL

REGISTERED AGENT CHANGE STRATEGIC RISK SOLUTIONS, INC.

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SECST MASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida S ganized under the laws of the State of \subseteq	connecticut
		gistered agent, or both, in the State of Fi	lorida.
	the corporation: Strategic Risk Sc		
2. The principal	office address: 2352 Main Street	Suite 301 Concord MA 01742	
3. The second trans	7901 4th St N	NSTE 300 St. Petersburg FL 33	702
		Document number: P07000	
•	•		
	I street address of the current registers timent of State: (If resigned, enter resigned)	ed agent and registered office on file wit gned)	h the
	Young, Jon BRADY		
	9150 Blind Pass Road		
	Sarasota, FL 34242		74 Zes 28
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or registered offi	2022 JAN I I AM 10: 5 SECTION AND STATI FALL AMASSEF, FLORI
	Northwest Registered Ag	ent LLC	(1 년 29 (1 년) (
	7901 4th St N STE 300		FLO ST
	St. Petersburg FL 33702	Box NOT acceptable	SI RIDA
The street address changed will	ess of its registered office and the str be identical.	eet address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an o i notified in writing of the change.	officer so
M-alm Suman	re of an officer or director	Brady Young Printed or typed name and till	r
I hereby accept I further agree of my duties, an document is bei	the appointment as revistered agent	t and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered of the registered office address, I hereb	
Ton Ge	mue_	01/11/2022	
Sig	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·
	half of an entity:		
Tom Glove			
Τ	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

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