## P11000039972

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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T. ROBERTS

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Specialty Risk Underwriters, Inc.

Name of Corporation

DOCUMENT NUMBER:

P11000039972

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## JoAnna Lynch

Name of Contact Person

Specialty Risk Underwriters, Inc.

Firm/Company

7925 9th Avenue South

Address

St. Petersburg, FL 33707

City/State and Zip Code

info@specialtyriskunderwriters.com

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

For further information concerning this matter, please call:

JoAnna Lynch

<sub>et (</sub> / 2

398-0560

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

**Street Address:** 

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Specialty Risk Underwriters, Inc.
2. The principal office address: 7925 9th Avenue South St. Petersburg, FL 33707
3. The mailing address (if different): P.O. Box 48275 St. Petersburg, FL 33743
4. Date of incorporation/qualification: April 26, 2011 Document number: P11000039972
3. The mailing address (if different): P.O. Box 48275 St. Petersburg, FL 33743  4. Date of incorporation/qualification: April 26, 2011 Document number: P11000039972  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  JoAnna Lynch  16005 4th Street East  A CHODUS, FL 33708
JoAnna Lynch 2
16005 4th Street East
St Petersburg, FL 33708
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JoAnna Lynch
7925 9th Avenue South
P.O. Box NOT acceptable
St. Petersburg, FL 33707
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director  Signature of an officer or director  Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
DOLLAR MCh 10/30/2012
Signature of Registered Agent  Date  If signing on behalf of an entity:
JoAnna Lynch Typed or Printed Name

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

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