

3/4/2019

3/4/2019 6:49:40 AM PST

3239628300 From: Meghan Sm

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
PROFESSIONAL RISK MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

RECEIVED

2019 MAR -4 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FL2019 MAR -4 PM 12:06  
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TALLAHASSEE, FL

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PROFESSIONAL RISK MANAGEMENT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P18000025729

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:

CHEYENNE MOSELEY

Name of Contact Person

LEGALZOOM.COM, INC.

Firm/Company

101 N BRAND BLVD., 11TH FLOOR

Address

GLENDAL, CA 91203

City/State and Zip Code

michellek@prmusa.net

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

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. at (800) 773-0888 ext 9724  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROFESSIONAL RISK MANAGEMENT, INC.
2. The principal office address: 47564 COMPTON CIRCLE, POTOMAC FALLS, VA 20165
3. The mailing address (if different): P.O. BOX 2272, LEESBURG, VA 20177
4. Date of incorporation/qualification: 03/12/2018 Document number: P18000025729
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)

MARK BUMAR11651 SW 10TH STREETPEMBROKE PINES, FL 33025

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

UNITED STATES CORPORATION AGENTS, INC.13302 WINDING OAK COURT, SUITE AP.O. Box NOT acceptableTAMPA, FL 33612

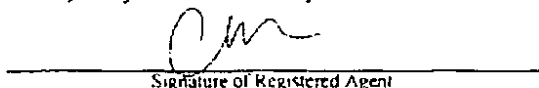
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

WILLIAM T. TUCKER, 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.*

  
Signature of Registered Agent

3/4/2019

Date

If signing on behalf of an entity:

CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)