

P97000003080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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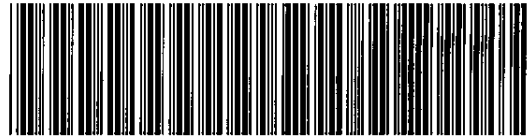
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Insurance Risk Assessment Analysts, Inc.  
Name of Corporation

DOCUMENT NUMBER: P97 000003080

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:

Susan Livingstone  
Name of Contact Person

Insurance Risk Assessment Analysts, Inc.  
Firm/Company

541 South Orlando Ave, Suite 209  
Address

Maitland, FL 32751  
City/State and Zip Code

susan@adjustersite.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Livingstone at ( 407 ) 539-1946  
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: Insurance Risk Assessment Analysts, Inc.
2. The principal office address: 541 South Orlando Avenue, Suite 209  
Maitland, FL 32751
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Jan 10, 1997 Document number: P9700000 3080
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)

Ron Livingstone  
455 E State Road 434, Suite 2209A  
Winter Springs, FL 32708

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

Susan Livingstone  
541 South Orlando Avenue, Suite 209  
Maitland, FL 32751

P.O. Box NOT acceptable

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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]  
Signature of an officer or director

Ron Livingstone - 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.

Susan Livingstone  
Signature of Registered Agent

8/25/2011  
Date

If signing on behalf of an entity:

Susan Livingstone  
Typed or Printed Name

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