I hereby certify that the information indicated on this report or supplemental report is true and accurate a	and that my electronic signature shall have the sar	me legal effect as if made under		
oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and				
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE: STEPHEN WAI DORE	MANAGER	02/22/2019		

SIGNATURE: STEPHEN WALDORF

I

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M0400002828

Entity Name: WALDORF RISK SOLUTIONS, LLC

Current Principal Place of Business:

24 WEST CARVER STREET HUNTINGTON, NY 11743

Current Mailing Address:

24 WEST CARVER STREET HUNTINGTON. NY 11743 US

FEI Number: 01-0678164

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:	DAMARA SWEATMAN			02/22/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name \	WALDORF, WILLIAM G	Name	WALDORF, STEPHEN	
Address 2	24 WEST CARVER ST	Address	24 WEST CARVER ST	
City-State-Zip: H	HUNTINGTON NY 11743	City-State-Zip:	HUNTINGTON NY 11743	

Certificate of Status Desired: No

Date

FILED Feb 22, 2019 Secretary of State 2779399986CC

MANAGER