F16000002821

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Applied Medico-Legal Solutions Risk Retention Group, Inc.
Name of Corporation

DOCUMENT NUMBER: f16000002821

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:

Lee Milizia
Name of Contact Person

Aon Insurance Managers c/o Applied Medico Legal Solutions RRG, In
Firm/Company

MSC #17154, AON, PO Box 19640
Address

Irvine, CA 92623
City/State and Zip Code

lee.milizia@aon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Milizia at (602)427-3208
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Arizona *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Applied Medico-Legal Solutions Risk Retention Group, Inc.

2. The principal office address: 2555 E. Camelback Road, Suite 700
Phoenix, AZ 85016

3. The mailing address (if different): MSC #17154, AON, PO Box 19640, Irvine, CA 92623

4. Date of incorporation/qualification: 8/14/2003 Document number: f16000002821

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)

Resigned

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

Tina Luque

1001 Brickell Bay Drive, Suite 1000, Miami, FL 33131
P.O. Box NOT acceptable

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.

DocuSigned by:
Signature of an officer or director

Peter Joy - Treasurer
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.

DocuSigned by:
Tina Luque
Signature of Registered Agent

Oct 25, 2022
Date

If signing on behalf of an entity:

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

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