

# **2014 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# B06000000207

**FILED**  
**Aug 07, 2014**  
**Secretary of State**

**Entity Name:** OXFORD INSURANCE SERVICES LIMITED

**Current Principal Place of Business:**

820 GESSNER, SUITE 1000  
HOUSTON, TX 77024

**New Principal Place of Business:**

**Current Mailing Address:**

820 GESSNER, SUITE 1000  
HOUSTON, TX 77024

**New Mailing Address:**

**FEI Number:** 20-2274771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE, STE. A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: GALTNEY, WILLIAM F JR.  
Address: 820 GESSNER, SUITE 1000  
City-St-Zip: HOUSTON, TX 77024

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #: M06000002481  
Name: OXFORD GP SERVICES, LLC  
Address: 820 GESSNER, SUITE 1000  
City-St-Zip: HOUSTON, TX 77024

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: WILLIAM F. GALTNEY, JR

GP

08/07/2014

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date