

PLEASE KEEP ORIGINAL SUBMISISON DATE 1/16/2017

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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

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\*\*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  
USABLE LIFE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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17 JAN 18 AM 11:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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2017 JAN 16 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** USAbLe Life  
Name of Corporation

**DOCUMENT NUMBER:** F01000005275

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:

Roshonda Franklin  
Name of Contact Person

USAbLe Life  
Firm/Company

17500 Chenal Parkway Suite 500  
Address

Little Rock, AR 72223  
City/State and Zip Code

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

For further information concerning this matter, please call:

Roshonda Franklin at ( 501 ) 212-8857  
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 Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: USable Life
- 2. The principal office address: 320 West Capitol Avenue Suite 700 Little Rock, AR 72201
- 3. The mailing address (if different): 17500 Chenal Parkway Suite 500 Little Rock, AR 72223
- 4. Date of incorporation/qualification: 10/10/2001 Document number: F01000005275
- 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)

Chief Financial Officer  
200 E. Gaines St  
Tallahassee, FL 32399

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

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road,  
P.O. Box NOT acceptable  
Plantation, Florida 33324

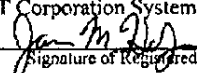
SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 William P. Creasman, Secretary  
 Signature of an officer or director CTC 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.

By: C T Corporation System 1/16/2017  
 Date  
 Signature of Registered Agent

If signing on behalf of an entity:  
James M. Halpin  
Assistant Secretary  
 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)