F03000001910

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS
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09 AUG 21 PH 12: 11

SECRETARY OF STATE BYTSION OF CORPORATION

RA Charge C.COULLIETTE

AUG 21 2009

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE: 093226 7408659

AUTHORIZATION :

COST LIMIT

ORDER DATE	:	August	11,	2009
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ORDER TIME : 9:15 AM

ORDER NO. : 093226-144

CUSTOMER NO: 7408659

CHANGE OF AGENT

NAME: ALLIANT SPECIALTY INSURANCE

SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of California r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: ALLIANT SPECIALTY INSURANCE SERVICES, INC.
2. The principal 1301 Dov	office address:e Street, Suite 200, Newport Beach, CA 92660
_	eet, 6th Floor, San Diego, CA 92101
4. Date of incorp	poration/qualification: 04/15/2003 Document number: F03000001910
	street address of the current registered agent and registered office on file with the tment of State:
	NRAI Services, Inc.
	2731 Executive Park Drive, Suite 4
	Weston, FL 33331
6. The name and (if changed):	Weston, FL 33331 Street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Mary	Maureen Cullen, Attorney in fact (Printed or typed name and title)
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of a law in a manage of a law in a manage of a law in a segistered agent. Or, if this not fill a merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. ion Service Company
By!\\\ve	August 18, 2009 (Date)
_	half of an entity:
	Vannoy, Asst. VP
(T	yped 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 (8/05)