## F0600004821

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DEPARTMENT OF STATE

|DEC 1 1 2012 C. MUSTAIN





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: December 3, 2012

ORDER TIME : 1:43 PM

ORDER NO. : 443409-002

CUSTOMER NO: 7912093

## CHANGE OF AGENT

NAME: AXIS CAPITAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organiz in order to change its registered office or register	ed under the laws of the State of Nebraska	
	ea agent, or nont, in the mate by 1 to had.	
The name of the corporation: AXIS CAPITAL, INC     The principal office address: 308 N Locust Street Grand Island NE 68801		
2. The principal office address:	, and Island NE 66661	
3. The mailing address (if different): PO Box 2555 Grand Island NE 68802		
4. Date of incorporation/qualification: 07/20/2006	Document number: F06000004821	
5. The name and street address of the current registered age Florida Department of State: (If resigned, enter resigned		
Nrai Services, Inc.	i de la companya della companya della companya de la companya della companya dell	
515 E. Park Avenue	TE OF	
Tallahassee FL 32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
Corporation Service Company		
1201 Hays Street		
P.O. Box NOT acceptable		
Tallahassee, FL 32301	And the same of th	
The street address of its registered office and the street as changed will be identical.	ddress of the business office of its registered agent,	
Such change was authorized by resolution duly adopted to authorized by the board, or the corporation has been not in	by its board of directors or by an officer so fied in writing of the change.	
Maure Whell	Maureen Cathell, Vice President	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut performance of my duties, and I am familiar with and accagent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in Corporation, Service Company	agree to act in this capacity. es relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I	
By: Suah Wyant	12/03/2012	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
Sarah Wright, Asst Vice President  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)