## Florida Department of State

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## REGISTERED AGENT CHANGE LEWIS-WATKINS-FARMER AGENCY, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of $\overline{T^c}$	xas
	er to change its registered office or registered agent, or both, in the State of Flo	rida.
1. The name of	the corporation: LEWIS-WATKINS-FARMER AGENCY, INC.	
2. The principa	l office address: 3834 Spicewood Springs Rd, Ste. 100, Austin, TX 78759	
3. The mailing	address (if different):	
4. Date of incom	poration/qualification: F06000005479 Document number:	8/21/2006
	d street address of the current registered agent and registered office on file with triment of State: (If resigned, enter resigned)	the
	CORPORATION SERVICE COMPANY	
	1201 HAYS ST.	<b></b>
	TALLAHASSEE FL 32301	ECRE
6. The name an (if changed):	d street address of the new registered agent (if changed) and for registered offic	ECRETAK E. FLUNG
	Business Filings Incorporated	P
	1203 Governors Square Blvd, Suite 101	
	P.O. Box NOT acceptable	ž
	Taliahassee, FL 32301-2960	
The street address changed will	cess of its registered office and the street address of the business office of its il be identical.	registered agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an othe board, or the corporation has been notified in writing of the change.	fficer so
Latin	Patrick L. Watkins, Presi	
I hereby accept further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and come and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.	
By: M	gnature of Registered Agent 12/17/09	
	ehalf of an entity:	
	fark Williams, A.V.P.	
	Typed or Printed Name	•
	* * * FILING FEE: \$35.00 * * *	
M	Make checks payable to Florida Department of State Iail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32	2314

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