Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

SOUTHWEST INSURANCE AGENCY, INC.

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

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, of change is submitted for a corporation organized under the laws of the State of	
Texas	in order to change its registered office or registered agent, or both, in the State	
of Florida.	in order to change in regularea office or regularea agent, or ovar, in the bane	
	of the corporation: Southwest Insurance Agency, Inc.	
		-
2. The princip	eal office address: 1201 Elm Stroet, Suite 3500, Dallas, Texas 75270	
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 11/15/95 Document number: F9500000 5595	
	and street address of the current registered agent and registered office on file with the partment of State:	
	The Prentice-Hall Corporation System, Inc.	
	1201 Hays Street	•
	Tallabassee, Florida 32301	<u>`</u>
6. The name changed):	and street address of the new registered agent (if changed) and /or registered office (if CT Corporation System	11
	CT Corporation System	
	c/o CT Corporation System	
	(P.O. Box or personal mailbox NOT acceptable)	
	1200 South Pinc Island Road, Plantation, Florida 33324	
The street add	tress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change v	was 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.	
Signature of an once	charithan or vice charman of the board; Allen Cronted or typed raine and title;	
I hereby accept further agree of further agree of further agree of further agree office address.	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as mt. Or, if this document is being filed merely to reflect a change in the registered of I hereby confirm that the corporation has been notified in writing of this change. Topomicon System	
By: ////	1/10x	
	S(ghature of Registered Agent) - (Date)	
If signing on both	Aif of an entity: Michael E. Jones	
	(Typed or Printed Name) Assistant Secretary (Capacity)	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLARASSEE, PL 32314