## F95000005595

(Re	questor's Name)	
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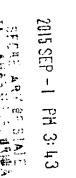


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C. CARROTHERS





## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE:

8/26/2015 FLORIDA

**REP UNIT:** 

SOUTHWEST INSURANCE AGENCY,

INC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #26561 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

## **COVER LETTER**

Division of Corporations SUBJECT: SOUTHWEST INSURANCE AGENCY, INC. Name of Corporation DOCUMENT NUMBER: F95000005595 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: Myra Simmons
Name of Contact Person Capitol Services Registered Agent Department Firm/Company 800 Brazos Ste 400 Address Austin, TX 78701 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Myra Simmons Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

## 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 TEXAS in order to change its registered office or registered agent, or both, in the State of Florida.
The name of the corporation: SOUTHWEST INSURANCE AGENCY, INC.
2. The principal office address: 1201 Eim St. Ste. 3500
Dallas, TX 75270
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/15/1995 Document number: F95000005595
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)
C T Corporation System
1200 South Pine Island Road
Street Address  Plantation FL 33324
City State Zip Code
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A  Street Address P.O. Box NOT acceptable
Tallahassee FL 32301
City Slate Zip Code 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 anthorized 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.
Signature of an officer or director  Will Nelson - President  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.
Delanie Case asst sec. 8.26.15 Signature of Registered Agent
If signing on behalf of an entity:
Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

\* \* \* FILING FEE: \$35.00 \* \* \*