## M0400000049

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAiL	
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



700159634017

RECEIVED MIDITION

FILED

09 AUG 18 PM 1: 1:

SECRETARY OF STATE
TALLAHASSEE, FLORI

Office Use Only

B. KOHR NUG 1 8 2009

EXAMINER



ACCOUNT NO. : 12000000195

REFERENCE : 093226 7408659

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 11, 2009

ORDER TIME : 8:52 AM

ORDER NO. : 093226-291

CUSTOMER NO: 7408659

## CHANGE OF AGENT

NAME:

ALLIANT INSURANCE SERVICES

HOUSTON, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: ALLIANT	INSURANCE SERVICES HOUSTON, LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: _5847 San Felipe Suite 2750 Houston, TX 77057
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	701 B Street, 6th Floor San Diego, CA 92101
12/29/2003	M0400000049
3. Date of filing/registration in Florida	M0400000049 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	National Registered Agents, Inc.
Registered Office Address:	2731 Executive Park Drive Suite 4 Weston, FL 33331
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	_
Maureen Cullen, Authorized Person (Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the prain familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to report to Service Company  (Signature of Registered Agent) Michelle R Nannov Asst V	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)