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Document Number Only

814513

C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Stree	t	4	SEP 27 PM 1 28 21 ANASSEE, PLONIDA 721 30000340721	FILED
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City State Zip	Phone			-
CORPORATIO)N(S) NAME			
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North	thland Insura	ince Comp	DONY	
		- 1 - 1	AAMS CONTRACTOR	
() Profit () NonProfit	() Amendr	nent	() Merger	-
() Limited Liability Compar () Foreign	() Dissoluti	ion/Withdraw		. .
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Examiner			CONNIE BRYAN	
Updater	· - · - · -	- ,	サクタ	00
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the							
undersigned corporation organized under the laws of the State of Minnesota submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: Northland Insurance Company 2. The mailing address of the corporation is: 250 Carpenter Frwy, Irving, TX 75062							
						3. Date of incorporation/qualification: 07/18/63	Document number: 814513
						4. The name and address of the current registered agent	t and office:
Insurance Commissioner							
Capitol Bldg, Plaza Level II	·						
Tallahassee, FL 32301	A SECOND						
5. The name and address of the new registered agent an	ad office: (P. O. Box Not Acceptable)						
CT Corporation System							
1200 South Pine Island Rd							
Plantation, FL 33324							
The street address of its registered office and the stre agent, as changed, will be identical.	et address of the business office of its registered						
Such change was authorized by resolution duly adop authorized by the board.	ted by its board of directors or by an officer so						
Surane	09/13/00						
(Signature of an officer, chairman or vice chairman or	f the board) (Date)						
Terri Atteberry, Asst Secretary	09/13/00						
(Printed or typed name and title) Having been named as registered agent and to accept corporation, I hereby accept the appointment as registered agree to comply with the provisions of all superformance of my duties, and I am familiar with an registered agent. (Signature of Registered Agent) If signing on behalf of an entity:	09/13/00 (Date)						
Michael E. Gones (Typed or Printed Name)							
(1) ped of 11 med 14 mile) CR2E045(4/95)	FILING FEE: \$35.00						