

**A04000000851**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE  
Account Number : 072731001155  
Phone : (813) 253-2020  
Fax Number : (813) 251-6711

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
VALIDUS GROUP PARTNERS, LTD.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

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TALLAHASSEE, FLORIDA

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H15000013900

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. VALIDUS GROUP PARTNERS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. May 24, 2004 3. A04000000851  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Leslie J. Barnett  
Name  
601 Bayshore Blvd., Suite 700  
Address  
Tampa, FL 33606  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

David L. Koche  
Name  
601 Bayshore Blvd., Suite 700  
Florida street address (P.O. Box not acceptable)  
Tampa FL 33806  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.  
THE VALIDUS GROUP, LLC

By: [Signature]  
Signature of General Partner: Marlo Garcia, Jr., Manager

*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 obligations of my position as registered agent.*

Signature of Registered Agent: DAVID L. KOCHÉ

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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