F00000000203

\							
(Requestor's Name)							
(Address)							
(/ Mairess)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
,							
0.00.10							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
a postar monarations to 1 ming of most.							

Office Use Only



700188423397

12/14/10--01010--012 **35.00



RAChange 12-20-10 Dc



NATIONWIDE REGISTERED AGENT, FILING, RESEARCH AND LIBRARY SERVICES

ALBANY ~ CHARLOTTE ~ CHICAGO ~ DOVER ~ LOS ANGELES ~ NEW YORK ~ SACRAMENTO ~ SPRINGFIELD ~ WASHINGTON, DC

Date: 12/09/2010

Florida Department of State Divisions of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Superior Access Insurance Services, Inc.

Dear Sir/Madam:

For your information, the above company is qualified to do business in your state and we now enclose the necessary documents required to affect Change of Agent to National Corporate Research, Ltd.

In connection with this matter, we ask that you please have it filed in your office upon receipt and return the evidence to this office by means of the self-addressed envelope which we have enclosed for your convenience.

We also enclose our check made payable to your state in payment of filing fees.

Should you have any questions in regard to the above, please do not hesitate to give me a telephone call.

Sincerely,

Kathy Butler Client Service Specialist

KAB ENCLOSURE REGULAR MAIL

E-MAIL: INFO@NATIONALCORP.COM WEB SITE: WWW.NATIONALCORP.COM

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

statement of cha	provisions of sections 60 mge is submitted for a c	orporation organize	ed under the laws of t	he State of		is CA	
in order to chan 1. The name of the	ige its registered office of the composition:	r registered agent, c	or both, in the State o	f Florida.			
1. The halle of	•	erior Access In	surance Services	s, Inc.	_		
2. The principal	office address:						
	5 Oldfield		Irvine		CA	92618	·····
3. The mailing a	ddress (if different):						
6500 Rive	r Place Blvd., Bidg	. V, Ste. 100	Austin		TX	87830	
4. Date of incorp	ooration/qualification:	01/12/2000	Document number	r: F (F00000000203		
	I street address of the cu tment of State:	rrent registered agei	nt and registered offic	e on file with	the		
		C T Corpora	tion System				
	1200 South Pine Island Road						
	Plant	ation	FL	33324	ΔH	ので	111
6. The name and (if changed):	street address of the net		if changed) and /or re	-		ARY OF S	
		515 East Pa	ate Assessed		- ';		•
		(P.O. Box NOT				· ***	•
	Taliaha	388ee	Florida	32301			
The street address changed will	ss of its registered offic be identical.	e and the street add	dress of the business	office of its	registered	i agent,	
Such change was	s authorized by resolute e board, or the corporat	ion/duly adopted by ligh has been notifi	y its board of directo ed in writing of the o	rs or by an o	fficer so		
	ner W. Cm/n	d)		W.Crz		,	dent
l hereby accept (I further agree to of my duties, and document is bein	gnature of an officer or Affector the appointment as region of comply with the provid I am familiar with ame of filed merely to reflect been notified in writing	istered agent and a sions of all statutes i accept the obligat t a change in the re	(Pr gree to act in this ca s relative to the prop ition of my position a egistered office addri	inted or typed no pacity. er and comp s registered d ess, I hereby	ne and title) lete perfo igent. Oi confirm i	ormance r, if this that the	
Cartan 9		Kathy A. Butler, Asst.	Sec.	0/9/	10		
) 0,	Signature of Registered Agent)			((Date)	ı		
If signing on beh	all of an entity:						

National Corporate Research, Ltd.
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314