

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

: C T CORPORATION SYSTEM Account Name

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Phone

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Fax Number

: (850)878-5368



REGISTERED AGENT CHANGE

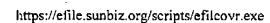
NORTH POINTE INSURANCE COMPANY

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

statement of char	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Michigan zistered agent, or both, in the State of Florida.	 _ _ _
1. The name of the	ne corporation: NORTH POINTE	INSURANCE COMPANY	
2. The principal			
3. The mailing ac	Idress (if different):		
4. Date of incorp	oration/qualification: 10/30/2000	Document number: F00000006121	
	street address of the current registere ment of State; (If resigned, enter resi	d agent and registered office on file with the gned)	
	SKINNER, GREGORY M		
	10199 SOUTHSIDE BLVD., #2	200	
	JACKSONVILLE FL 32256-07	57	<u>~</u>
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office)9FEB i
	C T Corpo	ration System	Č
	c/o C T Corporation System	a, 1200 South Pine Island Road	:
!	(P.O. Box NOT accept	abic)	•
	Plantation,	Florida 33324	
-		eet address of the business office of its registered	i agent,
Such change was authorized by the	s authorized by resolution duly ador board, or the corporation has been	pted by its board of directors or by an officer so inclified in writing of the change.	
Cinthon	y Tilouse	Anthony LiCausi, Attorney in Fact	
,	(fol un atheer or director)	(Printed of typed harde and tute)	
hereby accept if further agree to further agree to further, and document is being corporation has	the appointment as registered agent o comply with the provisions of all it is I am familiar with and accept the up filed merely to reflect a change it been notified in writing of this char	and agree to act in this capacity. Italius relative to the proper and complete perfoobligation of my position as registered agent. On the registered agent, on the registered office address, I hereby confirm the registered office address.	rmgnce r, if this that the
By: Guttri	T Corporation System A LAWA	1-29-09	
If signing on bel	nalf of granismy LiCausi Vice President	(Date)	
(T)	(ped or Printed Name)		

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

MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FL084 - 10/06/2008 C 7 System Calina

SECRETARY OF STATE DIVISION OF CORPORATIONS