

PLEASE KEEP
ORIGINAL
SUBMISSION DATE
1/16/2017

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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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
USABLE LIFE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
17 JAN 18 AM 11:28
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2017 JAN 16 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: USAbLe Life
Name of Corporation

DOCUMENT NUMBER: F01000005275

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roshonda Franklin
Name of Contact Person

USAbLe Life
Firm/Company

17500 Chenal Parkway Suite 500
Address

Little Rock, AR 72223
City/State and Zip Code

legal@usablelife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roshonda Franklin at 501 212-8857
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

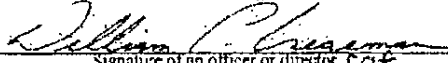
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Arkansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: USable Life
2. The principal office address: 320 West Capitol Avenue Suite 700 Little Rock, AR 72201
3. The mailing address (if different): 17500 Chenal Parkway Suite 500 Little Rock, AR 72223
4. Date of incorporation/qualification: 10/10/2001 Document number: F01000005275
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Chief Financial Officer
200 E. Gaines St
Tallahassee, FL 32399
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road,
P.O. Box NOT acceptable
Plantation, Florida 33324

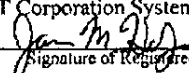
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

William P. Creasman, Secretary
 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
 By: 
 Signature of Registered Agent

1/16/2017
 Date

If signing on behalf of an entity:
James M. Halpin
Assistant Secretary
 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

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