

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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JUN 1 4 2011

R. WHITE



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: June 8, 2017

Order#: 630168-169

Re: USAA INSURANCE AGENCY, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

S Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of ch	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of flice or registered agent, or both, in the State of	f Texas
1. The name of	the corporation: USAA INSU	JRANCE AGENCY, INC. OF TEXAS	
2. The principa	l office address: 9800 Freder	ricksburg Road, San Antonio, TX 78288	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/2	9/2002 Document number: F02000	)003855
	d street address of the curren artment of State: (If resigned,	nt registered agent and registered office on file venter resigned)	with the
	C T Corporation System		_
	1200 South Pine Island Ro	oad	
	Plantation	FL 33324	17
6. The name an (if changed):	d street address of the new re	egistered agent (if changed) and /or registered o	office $\frac{1}{100}$
	Corporation Service Comp	pany	
	1201 Hays Street		_ : 3
	Tallahassee	P.O. Box NOT acceptable FL 32301	
The street addr	ress of its registered office and be identical.	nd the street address of the business office of i	- its registered agent,
		duly adopted by its board of directors or by an has been notified in writing of the change.	
	rie E. Cionie	Jill Cilmi, Vice President	
I further agree performance of agent. Or, if th hereby confirm	)  I the appointment as register  to comply with the provision  my duties, and I am familia  sis document is being filed m	Printed or typed name and to red agent and agree to act in this capacity. ns of all statutes relative to the proper and con ur with and accept the obligation of my position the reflect a change in the registered offi ten notified in writing of this change.	mplete on as registered
By: Sugar	gnature of Registered Agent	05/09/2017	
If signing on be	ehalf of an entity:	Date	
	awson, Asst. Vice President		
	Typed or Printed Name	<del></del>	

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