## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368 JAN 30 2015

R. WHITE

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

Emmil Address:

## REGISTERED AGENT CHANGE CITIZENS, INC.

Certificate of Status	0
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## **COVER LETTER**

Division of Corp	ion orations			
CITIZENS, II	NC.			
<u></u>	Name of Corpo	pration		
DOCUMENT NUMBER:				
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:				
•	•			
	Name of Contac	t Person		
	Firm/Compa	eny		
	Address			
	City/State and Zip Code			
E-ma	ail address: (to be used for futur	e annual report notification)		
For further information of	oncerning this matter, please call:			
	_	.,		
Name of	Contact Person	t () Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
· ·	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
1	Fallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Colombo r registered agent, or both, in the State of Florida.
	the corporation: CITIZENS, INC.	
2. The principal	office address: 400 EAST ANDER	SON LANE, AUSTIN, TX 78752
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 09/04/2002	Document number: F02000004531
	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	CORPORATION SERVICE COM	PANY 5
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	N 29
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office
	C T Corporation System	
	c/o C T Corporation System, 1200	
	P.O. Plantation, Florida 33324	Box NOT acceptable
	ess of its registered office and the be identical.	e street address of the business office of its registered agent, adopted by its board of directors or by an officer so
authorized by the	ne coard, or the corporation has t	Denise Bell, Vice President
Signatu	are of an officer or director	Printed or typed name and little
I hereby accept I further agree performance of agent. Of Vith hereby confirm	the appointment as registered ay to comply with the provisions of my duties, and I am familiar wit is document is being filed merely that the corporation has been no	gent and agree to act in this capacity, all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I otified in writing of this change.
By: C Cor	poration System	1/29/2015
_	nature of Registored Agens	Date
	chalf of an entity: antha Jones	
Assis	stant Secretary yed or Printed Name	-

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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