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DOP 9/23/11



ACCOUNT NO. : 12000000195

REFERENCE : 919615

7622690

AUTHORIZATION ~

COST LIMIT

ORDER DATE: September 21, 2011

ORDER TIME : 9:34 AM

ORDER NO. : 919615-101

CUSTOMER NO: 7622690

CHANGE OF AGENT

NAME: SOUTHWEST REINSURE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of New Mexico red agent, or both, in the State of Florida.	
1. The name of t	he corporation: SOUTHWEST REIN:	SURE, INC.	
	office address:iana Blvd. NE, AFC 4, Albuquerque		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11/18/2002	Document number: F02000005739	
	street address of the current registered ag tment of State:	gent and registered office on file with the	
	National Corporate Research, Ltd., Inc.		
	515 East Park Ave		
	Tallahassee, FL 32301	T SECTION TO	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office 32	
	Corporation Service Company	- Francisco	
	1201 Hays Street	915	
	(P.O. Box NOT acceptable)	4-	
	Tallahassee, FL 32301		
The street addre as changed will	ss of its registered office and the street abe identical.	address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
(Sigylatur	re of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and comply with the provisions of all state I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change. The Service Company	d agree to act in this capacity. Ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
By: ' ⊆	Luyso	09/20/2011	
	nature of Registered Agent)	(Date)	
If signing on bel	•		
	et, Asst. Vice President yped or Printed Name)		

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