

(F	Requestor's Name)	-		
(A	Address)			
(A	Address)	_		
(0	City/State/Zip/Phone #)	_		
PICK-UP	WAIT MAIL			
(E	Business Entity Name)	_		
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				
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Office Use Only



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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@cscqlobal.com

Date: June 8, 2017

Order#: 630168-116

Re: USAA FINANCIAL PLANNING SERVICES INSURANCE AGENCY,

Enclosed please find:

XX Change of Registered Agent and Office.

XX 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

		502, 617.0502, 607.1508, or 617.1508, Florida Statu ration organized under the laws of the State of <code>Dela</code>	
	0 0 0	ice or registered agent, or both, in the State of Floric	
1. The name of	the corporation: USAA FINAL	NCIAL PLANNING SERVICES INSURANCE AGEN	ICY, INC.
		cksburg Road, San Antonio, TX 78288	
3. The mailing a	address (if different):		
4. Date of incorporation/qualification: 09/22/2003 Document number: F03000			98
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	e
	C T Corporation System		
	1200 South Pine Island Roa	ad	
	Plantation	FL 33324	* 1
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office	
	Corporation Service Compa	any	
	1201 Hays Street		
		P.O. Box NOT acceptable	5 S
	Tallahassee	FL 32301	
The street addreas changed will	ess of its registered office and be identical.	d the street address of the business office of its regi	stered agent,
Such change wa	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors or by an office has been notified in writing of the change.	er so
X	ie E aoni	Jill Cilmi, Vice President	
Signatu	e of an officer or director	Printed or typed name and title	
I further agree i performance of agent. Or, if th hereby confirm	to comply with the provision. my duties, and I am familiar	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete r with and accept the obligation of my position as re erely to reflect a change in the registered office add en notified in writing of this change.	egistered
By: Shark	add -	05/09/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Elizabeth A. Da	awson, Asst. Vice President		
T	yped or Printed Name		

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