## F05000005630

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (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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## **COVER LETTER**

| TO:  | Amendment Section Division of Corporations  |  |  |
|--|---|--|--|
| SUBJI  | ECT: SYMETRA SECURITIES, INC. (Name of Corporat   | ion)   |  |
| DOCU   | MENT NUMBER: F05000005630   |  |  |
| The en                                       | closed Statement of Change of Registered Office/Agent   | t and fee are submitted for filing.  |  |
| Please                                       | return all correspondence concerning this matter to the   | following:   |  |
|  | TLS/GEC GROUP (Name of Contact Pe   | erson)   |  |
|  | GEC GROUP (Firm/Company   | <del>)</del>   |  |
|  |   | •  |  |
| 2731 EXECUTIVE PARK DRIVE, SUITE 4 (Address) |   |  |  |
|  |   |  |  |
|  | WESTON, FL 33331  |  |  |
|  | (City/State and Zip C   | Code)  |  |
| For fur                                      | ther information concerning this matter, please call:   |  |  |
|  | TLS/GEC GROUP at ( (Name of Contact Person)   | 954 318-2787<br>Area Code & Daytime Telephone Number)  |  |
| Enclose                                      | ed is a \$35.00 check made payable to the Department of   | f 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 |  |

## 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 WA  |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  SYMETRA SECURITIES, INC.   |
| 2. The principal office address: 777 - 108TH AVE NE, SUITE 1200, BELLEVUE WA 98004 US  |
| 3. The mailing address (if different): PO BOX 34690, SEAITLE WA 98124-1690 US  |
| 4. Date of incorporation/qualification: 09/30/2005 Document number: F05000005630   |
| 5. The name and street address of the current registered agent and registered office on file with the  |
| C T CORPORATION SYSTEM   |
| 1200 SOUTH PINE ISLAND ROAD  |
| PLANTATION FL 33324 US   |
| C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324 US  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| NRAI Services, Inc.  |
| 2731 Executive Park Drive, Suite 4  (P.O. Box NOT acceptable)  |
| Weston, FL 33331   |
| 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.  |
| K.C. GARIEPY, ASST. SEC.  (Finded 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.  Peter F. Souza |
| (Signature of Registered Agent)  (Signature of Registered Agent)  (Date)   |
| If signing on behalf of an entity: Peter F. Souza  |
| Assistant Secretary (Typed or Printed Name)  |

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