## F060000005915

(Business Entity Name)					
(Document Number)					
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ACCOUNT NO. : I2000000195

REFERENCE : 842894

7792328

AUTHORIZATION : Spulle Kerner

COST LIMIT :

ORDER DATE: July 12, 2011

ORDER TIME: 10:04 AM

ORDER NO. : 842894-020

CUSTOMER NO: 7792328

CHANGE OF AGENT

NAME: SHW INSURANCE SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ CERTIFIED COPY XXX PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, unge is submitted for a corporation organize	d under the laws	s of the State of $C$	Colorado
	er to change its registered office or registere the corporation: SHW INSURANCE SE	•	•	oriaa.
2. The principal	office address: 6825 E. Tennessee Aven	ue, Suite 410,	Denver CO 802	224
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 09/14/2006	Document nu	ımber: <u>F060000</u>	05915
	d street address of the current registered ager rtment of State:	nt and registered	office on file with	h the
	John D. Hatch, Esquire			
·	1267 Berkshire Lane, Suite 200		- 4v	里小
	Tarpon Springs, FL 34688		, [2]	
6. The name and (if changed):	d street address of the new registered agent (	if changed) and a	or registered offi	TILL 26 PM 2: 24
	Corporation Service Company			10 P
	1201 Hays Street			Dr.
	(P.O. Box NQT acceptable)			
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street ad be identical.	dress of the bus	iness office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted b he board, or the porporation has been notif	y its board of di ied in writing of	rectors or by an fifthe change.	officer so
D.M. (Signatu	ure of an officer or director)	Gerall t	1 Thomason	(IIc)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga- ing filed merely to reflect a change in the r s been notified in writing of this change.	igree to act in the srelative to the stion of my posit egistered office	his capacity, proper and com ion as registered address, I hereb	plete performance I agent. Or, if this y confirm that the
~ ·/ /	on Service Company	7-	20- 2010	
- Olivination	gnature of Registered Agent)		(Date)	
If signing on be	chalf of an entity:			
	et, Asst. Vice President			
Τ)	Typed or Printed Name)			
	* * * FILING FEE:	\$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314