Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000174117 3)))



H150001741173ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE CATLIN, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$35.00	

I ALBRITTO

Electronic Filing Menu

Corporate Filing Menu

Help

1000

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	CATLIN, INC.
	Name of Corporation
DOCI	UMENT NUMBER:
The er	oclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Karen Clausi
	Name of Contact Person
	XL Catlin
	Firm/Company
	70 Seaview Avenue
	Address
	Stamford, CT 06902-6040
	City/State and Zip Code
	karen.clausi@xlcatlin.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Jeffrey	Kagan 212 590-9348
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Malling Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

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 Delawase	•
in order to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of the corporation: CATLIN, INC.	
2 The principal office address: 160 Greentree De Suite 101	
Dover, DE 19904	
3. The mailing address (if different): 3340 Peachtere Rd. NE. Suite 2950	
Atlanta, GA 30326	
Atlanta, GA 30326 1. Date of incorporation/qualification: 12/19/2006 Document number: F06000007782 5. The name and street address of the current registered agent and registered office on file with the	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
CORPORATION SERVICE COMPANY	C.
1201 HAYS STREET	<u>ئ</u> د
TALLAHASSEE, FL 32301-2525	1
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	nt,
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.	
Vice President	_
Signally of shother of director 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.	
By: 1 C T Corporation System 07/07/2015 Signature of Registered Agents Signature of Registered Agents	-
If signing on behalf of an entity: Michele Lamagha Assistant Secretary	
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
CR2E045 (03/12)