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OR SEP 12 PM 1: 51 2008 SEP 12 PM 3: 30 CONVISION OF CHEROLOGICAL TABLEAUTY SEEL FLOWER AND TABLEAUTY SEEL

9/12/08



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 718681

7296128

AUTHORIZATION :

COST LIMIT : \$ 35

ORDER DATE: September 11, 2008

ORDER TIME: 9:03 AM

ORDER NO. : 718681-055

CUSTOMER NO: 7296128

CHANGE OF AGENT

NAME: ZURICH LATIN AMERICA

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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 or	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Delaware gistered agent, or both, in the State of Florida.
		N AMERICA CORPORATION
	office address:	
	ckell Ave., Ste. 1400, Miami	i, FL 33131
4. Date of incorp	poration/qualification: 10/18/200	7
	d street address of the current register retrent of State:	ed agent and registered office on file with the
	C T Corporation System	TS S
	1200 S. Pine Island Rd.	
	Plantation, FL 33324	SSEE P
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Corporation Service Comp	
	1201 Hays Street	
	(P.O. Box NOT accep	table)
	Tallahassee, FL 32301	
The street addre	ess of its registered office and the str be identical.	rect address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly ado he board, or the corporation has been	opted by its board of directors or by an officer so notified in writing of the change.
Uja	urc of an officer or director)	Maureen Cullen, Attorney in Fact
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agen	(Printed or typed name and title) It and agree to act in this capacity. It all this capacity. It all this capacity. It is complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge. It is a capacity. O9/05/2008
- J. C(S)	gnature of Registered Agent)	(Date)
If signing on be	chalf of an entity:	
Elizabeth A	. Dawson, Asst. Vice President	ent
(T)	Typed or Printed Name)	

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

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