## F09000003863

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2020 SEP 11 PH 4: 18

JQ 10/19/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 9, 2020

Order#: 412074-005

Re: NALICO GENERAL AGENCY, INC.

Enclosed please find:

XX \_\_\_ Change of Registered Agent and Office.

XX \_\_ Check in the amount of \$35 .

Please take the following action:

 $\underline{XX}$  File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive 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.

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

statement of cha	provisions of sections 607,0502, 617.0502 nge is submitted for a corporation organ to change its registered office or registe	ized under the laws of the	State of Texas	
1 The name of t	he corporation: NALICO GENERAL AG	ENCY, INC.		
2. The principal	office address: 325 N. St. Paul Street, S	uite 800, Dallas, TX 752	01	
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 09/29/2009	Document number:	F09000003863	
	street address of the current registered at tment of State: (If resigned, enter resigne		on file with the	
	C T Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324			
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or reg	istered office	
	Corporation Service Company			
	1201 Hays Street			
	P.O. Box Tallahassee	NOT acceptable FL 32301	1	
	ess of its registered office and the street be identical.	address of the business o	office of its registered agent,	
Such change was authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	l by its board of directors tified in writing of the ch	or by an officer so lange.	
	Roccoforte	Michelle Roccoforte, C		
•	e of an officer or director	• •	i name and little	
corporation has	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obli- ing filed merely to reflect a change in the been notified in writing of this change. I Service Company	e registereu office aaare:	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the	
By: Cly	Mey	09/09/202		
_	nature of Registered Agent half of an entity:	L/S	ie.	
Ami M. Casper	Asst. Vice President			
т	yped or Printed Name			
	* * * RILING FR	TR+ \$35 AA * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)