

(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: November 25, 2015

Order#: 881249-114

Re: SEATTLE SPECIALTY INSURANCE SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

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.

QUCA.XCOA

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

	_	17.0502, 607.1508, or 617.1508, Florida Statutes, this
	-	n organized under the laws of the State of Washington registered agent, or both, in the State of Florida.
	•	
		IALTY INSURANCE SERVICES, INC.
2. The princip	oal office address: 2815 Colby Aven	ue, Suite 200, Everett, WA 98201
3. The mailing	g address (if different):	
4. Date of inc	orporation/qualification: 04/23/201	2 Document number: F12000001721
	and street address of the current regis partment of State: (If resigned, enter	stered agent and registered office on file with the resigned)
	C T Corporation System	
	1200 South Pine Island Road	思旦
	Plantation	FL 33324
6. The name a (if changed):	ed agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	
	r.o. r Tallahassee	Box NOT acceptable Fi. 32301
		street address of the business office of its registered agent,
authorized by	the board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.
Sign	nature of an officer or director	Toffrey Weissmann, Secretary
I hereby acce I further agre performance agent. Or, if hereby confir	pt the appointment as registered ag se to comply with the provisions of a of my duties, and I am familtar with	ent and agree to act in this capacity. all statutes relative to the proper and complete n and accept the obligation of my position as registered to reflect a change in the registered office address, I
By: Ay	in augher	11/25/2015
<i>U</i> ;	Signature of Registered Agent	Date
If signing on	behalf of an entity:	
Sylvia Quepp	oet, Asst. Vice President	
	Typed or Printed Name	

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