## FIDOODSTA3

(Re	equestor's Name)			
(Ad	Idress)			
· (Ac	dress)	<del></del>		
(Cit	ty/State/Zip/Phone	<del>:</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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JAN 0 5 2019 S. YOUNG



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@cscqlobal.com

Date: December 24, 2018

Order#: 545446-175

Re: WILLIS TOWERS WATSON ANALYTICAL INSURANCE SERVICES

Enclosed please find:

XX Change of Registered Agent and Office.

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

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: 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.

OUCA.XCOA

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

statement of cha	mge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida a organized under the laws of the State of registered agent, or both, in the State of	Delaware		
	the corporation: WILLIS TOWERS office address: 800 N. Glebe Roa	S WATSON ANALYTICAL INSURANCE S	SERVICES INC.		
2. The principal	office address:		•		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 12/20/201	7 Document number: F17000	0005723		
	I street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file wresigned)	rith the		
	NRAI Services, Inc.	_	8 E		
	1200 South Pine Island Road		ALAS		
	Plantation	FL 33324			
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered of	E, 1 LÚRIDA		
	Corporation Service Company				
	1201 Hays Street				
	P O F	Box NOT acceptable FL 32301			
	Tallahassee	1 02301			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of it	ts registered agent,		
Such change was authorized by th	is authorized by resolution duly a se board, or the corporation has be	dopted by its board of directors or by an een notified in writing of the change.	officer so		
Xee	E Come	Jill Cilmi, Vice President			
Signatu	re of an officer or director	Printed or typed name and tit	le .		
I Surther agree to performance of agent, Or, if thi hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered officified in writing of this change.	i as registered		
By:	umker	12/24/2018			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Ami M. Casper,	Asst. Vice President				
Ty	ped or Printed Name				

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