

F95000000040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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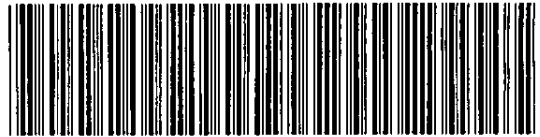
(Business Entity Name)

(Document Number)

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C. CARROTHERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 884779 5027854

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : November 24, 2015

ORDER TIME : 12:08 PM

ORDER NO. : 884779-005

CUSTOMER NO: 5027854

CHANGE OF AGENT

NAME: MUTUAL OF OMAHA INVESTOR
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mutual of Omaha Investor Services, Inc.
Name of Corporation

DOCUMENT NUMBER: F9500000

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Hagg

Name of Contact Person

Mutual of Omaha Insurance Company

Firm/Company

Mutual of Omaha Plaza

Address

Omaha, NE 68175

City/State and Zip Code

leslie.hagg@mutualofomaha.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Hagg

Name of Contact Person

at (402) 351-2078
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MUTUAL OF OMAHA INVESTOR SERVICES, INC.
2. The principal office address: MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175-1020
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/04/1995 Document number: F95000000040
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)

KEMPER, KENNETH E.

8875 HIDDEN RIVER PKWY, STE 160

TAMPA

FL 33637

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street


P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Leslie D. Hagg, Asst Secretary

Printed or typed name and title

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.

Corporation Service Company

By: 
Signature of Registered Agent

11/24/2015

Date

If signing on behalf of an entity:

Courtney Williams, Asst. Vice President

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)