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T. CAULEY

COVER LETTER

TO: Amendment Section Division of Corporations

National Specialty Lines
Name of Corporation

DOCUMENT NUMBER: K91769

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:

Michael S. Johnston

Name of Contact Person

Gainsco Auto Insurance

Firm/Company

9675 NW 117th Ave., Ste. 4700

Address

Medley, FL 33178

City/State and Zip Code

michael.johnston @gainsco.com

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

For further information concerning this matter, please call:

Daniel J. Coots

Name of Contact Person

at (972) 629-4407

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; National Specialty Lines, Inc.
2. The principal office address: 3333 Lee Parkway, Ste. 1200, Dallas, TX 75219
3. The mailing address (if different): P.O. Box 199023, Dallas, TX 75219-9023
4. Date of incorporation/qualification: 05/31/1989 Document number: K91769
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)
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MICHAEL S. JOHNSTON
9675 N.W. 117TH AVE., STE. 400
P.O. Box NOT acceptable MEDLEY, FL 33178
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.
Daniel J. Coots, Sr. V.P & CFO Standard of typed name and fittle
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.
Signature of Registered Agent
If signing on behalf of an entity:
Typod or Printed Namo
* * * 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)

SECRETARY OF STAT

PM 2: 50