

K91769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

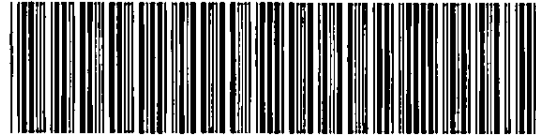
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT - 6 2023

Office Use Only



700416675967

FILED
23 OCT - 5 AM 8:39
TALLAHASSEE, FLORIDA

RECEIVED
2023 OCT - 5 PM 3:45
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 047405 4326327

AUTHORIZATION :

COST LIMIT : \$ 350.00

ORDER DATE : October 5, 2023

ORDER TIME : 1:06 PM

ORDER NO. : 047405-005

CUSTOMER NO: 4326327

CHANGE OF AGENT

NAME: NATIONAL SPECIALTY LINES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Specialty Lines, Inc.
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:

Laura Dawson
Name of Contact Person
MGA Insurance Company, Inc.
Firm/Company
3333 Lee Parkway, Suite 1200
Address
Dallas, Texas 75219
City/State and Zip Code

laura.dawson@gainsco.com

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

For further information concerning this matter, please call:

Laura Dawson at (972) 629-4388
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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, Suite 1200
Dallas, Texas 75219
3. The mailing address (if different): P.O. Box 199023, Dallas, Texas 75219-9023
4. Date of incorporation/qualification: May 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)

Michael S. Johnston

9675 N.W. 117th Avenue, Suite 400

Medley

FL 33178

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.

Donald A. Baker

Signature of an officer or director

Donald A. Baker

Vice President

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: Alexis Weiland-Janson, ACP

Signature of Registered Agent

10/05/2023

Date

If signing on behalf of an entity:

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 (04/13)

FILED
23 OCT -5 AM 8:39
TALLAHASSEE, FLORIDA