

M08000002024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

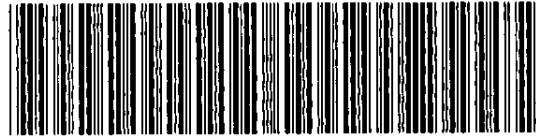
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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2.27.13

NAME: CAS INSURANCE AGENCY, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: \$25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, liability company submits the following statement in order to change its registered agent, or both, in the State of Florida.

1. Name of the limited liability company: CAS INSURANCE AG

2. (a) Principal office address of limited liability company: 1201 Elm

(Note: MUST BE STREET ADDRESS)

Dallas, TX 752

(b) Mailing address of limited liability company: 1201 Elm S

(Note: MAY BE POST OFFICE BOX)

Dallas, TX 7

April 29, 2008

M0800

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida

Registered Agent:

Corporation Service

Registered Office Address:

1201 Hays Street

Tallahassee, Florida 323

(b) Enter name of NEW Registered Agent and/or NEW Registered Office

NEW Registered Agent:

National Corporat

NEW Registered Office Address:

155 Office Plaza Driv

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

If the limited liability company is not organized under the laws of the State of Florida, confirmed that after the change or changes are made, the Florida street address of the company and the business office of the registered agent will be identical. Or, in the case of a limited liability company, it is hereby confirmed that the change(s) was/were authorized by the members of the limited liability company or as otherwise provided in the articles of incorporation or the operating agreement of the limited liability company.

R. Holloway

Signature of a member or authorized representative of a member

Renee Holloway

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete preparation and filing of the annual report, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608, F.S. Or, if this document is being filed to merely reflect a change of address, I hereby confirm that the limited liability company has been notified in writing of the change.

Mark Thomas
Signature of Registered Agent

Mark Thomas, Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL

FILING FEE: \$25.00

INHS18 (05/08)