

M15000009517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

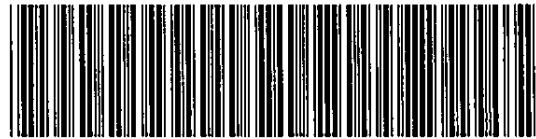
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Date: 08/09/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: M082183

ENTITY NAME: NASSAU REINSURANCE LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other: _____

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TALLAHASSEE, FLORIDA

Authorized Amount: \$25

Signature: Michelle Walker

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: info@nationalcorp.com Website: www.nationalcorp.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nassau Reinsurance LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julintip Thirasilpa

Name of Person

c/o Golden Gate Private Equity, Inc.

Firm/Company

One Embarcadero Center, Suite 3900

Address

San Francisco, CA 94111

City/State and Zip Code

jthirasilpa@goldengatecap.com

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

For further information concerning this matter, please call:

Julintip Thirasilpa

at (415) 983-2732

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Nassau Reinsurance LLC

2. (a) Phoenix Plaza

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

1 American Row

Hartford, CT 06103

(b) Phoenix Plaza

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1 American Row

Hartford, CT 06103

November 25, 2015

M15000009517

3. **Date of filing/registration in Florida**

4. Document number

5. (a) National Corporate Research Ltd., Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 North Calhoun Street, Suite 4

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tallahassee, FL 32301

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office** address:

NEW Registered Office Address:

FL

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

Signature of a member or authorized representative of a member

Kostas Cheliotis, Chief Operating Officer and General Counsel

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michelle Walker, ~~Asst.~~ Secretary
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00