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(((H23000337116 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

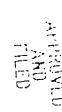
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANCASHIRE INSURANCE (US) LLC

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(Brumbley



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appear State: Lancashire Insurance (US) LLC	rs on the records of the Florida	Department of	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		26	
2. The Florida document number of this limited lia	ability company is: M23000	012092	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 09/.			
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company:(mus	st contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adopting the	business in Florida and attach a alternate name. The alternate name	
6. If amending the registered agent and/or register registered agent and/or the new registered office a		rds, enter the name of the new	
Name of New Registered Agent:		 	
New Registered Office Address:		:1.0	
	Enter Florida Street Address		
	City	. Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this cap and complete performance of tered agent as provided for in in the registered office addre:	my duties, and I am familiar with Chapter 605, F.S. Or, if this	

itle/ Capacity	<u>Name</u>	Address	Type of Action
AGR	LANCASHIRE INSURANCE (US) HOLDINGS, LLC	12 HAVEMEYER PLACE	□Add
		GREENWICH, CT 06830	■ Remo
HOLDINGS (US) LLC	12 HAVEMEYER PLACE	■Add	
	GREENWICH, CT 06830	□Remo	
			□Add
		44.111	□Remov
			□Add
			Remov
			□Add
aforemention	certificate, if required: no more than seed amendment(s), duly authenticated and the law of which this entity is org	by the official having custody of records in th	□Remov e

Filing Fee: \$25.00