

P01655

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDAREGISTERED AGENT CHANGE
MULTINATIONAL LIFE INSURANCE COMPANY

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RA Change

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Corporate Filing Menu

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12/13/2012

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MULTINATIONAL LIFE INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: P01655

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:

YELITZA CRUZ MBLÉNDEZ

Name of Contact Person

MULTINATIONAL LIFE INSURANCE COMPANY

Firm/Company

510 MUÑOZ RIVERA AVENUE

Address

SAN JUAN, PR 00918

City/State and Zip Code

yelitza.cruz@multinationalpr.com

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

For further information concerning this matter, please call:

JOHN ROONEY

at (305) 856-7786

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR20045 (03/12)

**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 other Country in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MULTINATIONAL LIFE INSURANCE COMPANY
2. The principal office address: 510 Muñoz Rivera Avenue, San Juan, PR 00918
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04-18-1984 Document number: P01655

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)

Hilda Guzmán, 101 Almería Avenue, Coral Gables, FL 33134, USA

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324 EO, Reg NOT acceptable

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.

Yelitza Cruz Meléndez
Signature of an officer or director

Yelitza Cruz Meléndez

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.

CT Corporation System

By: *Madonna Cuddihy*

Signature of Registered Agent

12-12-12

Date

If signing on behalf of an entity:

Madonna Cuddihy

Special Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314