

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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09/07/11--01010--016 **35.00





July 26, 2011

VIA US MAIL

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Windsor Management Services, Inc.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Leena Reyes

REGISTERED AGENT SOLUTIONS, INC.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of se statement of change is submitted in order to change its i | | d under the laws of the State | e of Florida | |
|---|--|--|---|-------------|
| 1. The name of the corporation: | | | • | |
| 2. The principal office address: | 4939 DEWEY ROSE C | OURT, TAMPA, FL 3 | 3624-1070 US | |
| 3. The mailing address (if differ | ent): P O BOX 340481 7 | ГАМРА FL 33694-048 | 31 US | |
| 4. Date of incorporation/qualific | cation:03/13/2008 | _ Document number: | P0800002668 | <u> </u> |
| 5. The name and street address of Florida Department of State: | | t and registered office on fil | le with the | Mr. |
| CLINTON | J WRIGHT | | | |
| 4939 DEW | EY ROSE CT | | | |
| TAMPA FL | 33624 US | | 27 g | |
| 6. The name and street address (if changed): | of the new registered agent (if | f changed) and /or registered | d office | . 25 |
| Registered | Agent Solutions, Inc. | | | |
| 155 Office f | Plaza Dr., Suite A | | | |
| | P.O. Box NOT acce | eptable | | |
| Tallahassee | , FL 32301 | | | |
| The street address of its registe as changed will be identical. | red office and the street add | ress of the business office | of its registered ag | ent, |
| Such change was authorized by authorized by the board, or the | resolution duly adopted by corporation has been notified | its board of directors or bed in writing of the change | oy an officer so e. | |
| Signature of an officer or dir | ector | Art Flores, Attor | ney-In-Fact on | benalf of |
| I hereby accept the appointment I further agree to comply with of my duties, and I am familiar document is being filed merely corporation has been notified i | nt as reaistered agent and ac | aree to act in this canacity | and little Robin wild d complete performe stered agent. Or, if hereby confirm that | • |
| Agnature of Registered | Agent | 8/31/2011 Date | [| |
| If signing on behalf of an entity | /: | | | |
| Sean Prewitt, Assistar | nt Secretary | | | |
| Typed or Printed Name | | | | |

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

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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a co | rporation organize | 507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat | te of Florida | | |
|---|--|--|--|--|---|-------------|
| 1. The name of | the corporation: WIND | SOR MANAG | SEMENT SERVICE | ES, INC. | | |
| | | | COURT, TAMPA, FL | |) US | |
| 3. The mailing a | address (if different): P | D BOX 340481 | TAMPA FL 33694-04 | 81 US | | <u> </u> |
| 4. Date of incorp | poration/qualification: | 03/13/2008 | Document number: | P08000 | 026681 | |
| | I street address of the current of State: (If resign | | at and registered office on t | file with the | | |
| | CLINTON J WRIG | HT | | | | |
| | 4939 DEWEY ROS | SE CT | | | | |
| | TAMPA FL 33624 | US | | | | |
| 6. The name and (if changed): | l street address of the ne | w registered agent (i | if changed) and /or register | red office | 1 S | |
| | Registered Agent | Solutions, Inc. | | | TO P | |
| | 155 Office Plaza D | | | | | C. |
| | P.O Box NOT acceptable | | | | 2 2 | |
| The street address changed will | Tallahassee, FL 32 ess of its registered office be identical. | | dress of the business offic | e of its regist | ered agent, | |
| Such change wanthorized by the | as authorized by resolut | ion duly adopted by | y its board of directors or led in writing of the chang | by an officer | so | |
| Sett | ded an officer or director | | Art Flores, Atto | rnev-In-Fa | ct on hehal- | fof |
| I hereby accept I further agree of my duties, an document is be corporation has | the appointment as reg to comply with the prov id I am familiar with an ing filed merely to reflec been notified in writin | istered agent and a isions of all statute d accept the obliga it a change in the r g of this change. | igree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, i | ty. id complete p ristered agent I hereby confi | performance Or, if this rm that the | , |
| | nature of Registered Agent | | 8/31/20 Date | 11 | , | |
| If signing on be | chalf of an entity: | | | | | |
| | ewitt, Assistant Secr | etary | | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

SPECIAL LIMITED POWER OF ATTORNEY

Registered Agent Services Agreement and as reflected on Exhibit A to this Power (collectively "MRAS"), does hereby make, constitute, and appoint Registered Agent Solutions, Inc. ("RASi"), and each duly

Munich Re America Services, Inc., for itself and on behalf of its affiliates as listed on Exhibit C of the

authorized representative of RASi, including without limitation Mr. Art Flores, as MRAS's true and lawful attorney-in-fact with full right, power and authority to prepare, execute, acknowledge, and file or

to cause to be prepared, executed, acknowledged, and filed, any and all documents and forms as may be necessary or appropriate to be filed by MRAS or on behalf of MRAS with any state agency in order

to effectuate a change in MRAS's registered agent to Registered Agent solutions, Inc.

GIVING AND GRANTING to said attorney-in-fact full power and authority to do and perform every act necessary or appropriate to be done in exercising of the foregoing power as fully as MRAS could do if personally present and acting, with full power of substitution and re-substitution, hereby ratifying,

confirming, and approving all that said attorney-in-fact.

This Special Power of Attorney shall be effective as of August 15, 2011 and shall continue in effect until

revoked by MRAS by written notice to said attorney-in-fact.

IN WITNESS WHEREOF, MRAS through its duly appointed and authorized officer, has executed this Power this 11th day of August, 2011

By: Robin Willox

Name: Robin Willox

Title: 8VP General Counsel 1 Sec.

Exhibit A to Power of Attorney

50 Plus Strategies, Inc.

AMERICAN ALTERNATIVE INSURANCE CORPORATION

AMERICAN FAMILY HOME INSURANCE COMPANY

AMERICAN MODERN HOME INSURANCE COMPANY

AMERICAN MODERN HOME SERVICE COMPANY

AMERICAN MODERN LLOYDS INSURANCE COMPANY

AMERICAN MODERN SELECT INSURANCE COMPANY

AMERICAN RE-INSURANCE COMPANY

AMERICAN SOUTHERN HOME INSURANCE COMPANY

AMERICAN WESTERN HOME INSURANCE COMPANY

AM-RE CONSULTANTS

COPPER LEAF RESEARCH

FIRST MARINE INSURANCE COMPANY

GLOBAL STANDARDS, LLC

HARTFORD RESEARCH, LLC

HARTFORD STEEL, LLC

HSB ASSOCIATES

HSB ENGINEERING FINANCE CORP.

HSB GROUP, INC.

HSB PROFESSIONAL LOSS CONTROL

HSB RELIABILITY TECHNOLOGIES LLC

HSB SOLOMON ASSOC.

HSB VENTURES

HSBI&IC

MEAG NEW YORK CORPORATION

MECHANICAL & MATERIALS ENGINEERING LLC

MR PARKVIEW HOLDING CORPORATION

MUNICH COLUMBIA SQUARE CORP.

MUNICH HEALTH NORTH AMERICA, INC.

MUNICH RE AMERICA BROKERS, INC.

MUNICH RE AMERICA CORPORATION

MUNICH RE CAPITAL MARKETS NEW YORK INC.

MUNICH REINSURANCE AMERICA, INC.

MUNICH-AMERICAN RISKPARTNERS, INC.

National Senior Membership Group Association

OHM SERVICES OF TEXAS, INC.

OLYMPIC HEALTH MANAGEMENT SERVICES, INC.

OLYMPIC HEALTH MANAGEMENT SYSTEMS, INC.

PRINCETON EAGLE WEST (HOLDING) INC.

RA-HART INVESTMENT

SPECIALTY INSURANCE SERVICES CORPORATION

STERLING LIFE INSURANCE COMPANY

Tennessee Utilities Assistance Fund

THE ATLAS INSURANCE AGENCY, INC.

THE HARTFORD STEAM BOILER INSPECTION AND INSURANCE COMPANY OF CT

THE NATIONAL SENIOR MEMBERSHIP GROUP ASSOCIATION

THE PRINCETON EXCESS AND SURPLUS LINES INSURANCE COMPANY

Windsor Health Group, Inc.

Windsor Management Services, Inc.

Windsor Health Plan, Inc.

Windsor DME Operations, Inc.

Windsor HomeCare Network, LLC

Windsor Long Term Care, LLC