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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5926



REGISTERED AGENT CHANGE

INTERNATIONAL SOUTHWEST AGENCY LIMITED, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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 statement of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State of	New Mexico
1. The name of the corporation: Hub International Southwest Agency Limited, Inc.	
2. The principal office address: 7770 JEFFEERSON NE ALBUQUERQUE NM 87109 US	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/25/91 Document number: P34870	6
5. The name and street address of the current registered agent and registered office on file w Florida Department of State:	WILL -3
CORPORATION SERVICE COMPANY	_ 🚆 😫 🏗
1201 HAYS ST TALLAHASSEE, FL 32301	GSTAT
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed): C T Corporation System	,
c/o C T Corporation System, 1200 South Pine Island Road (P.O. Box NOT acceptable)	
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by a nuthorized by the board, or the corporation has been notified in writing of the change.	
Kimberly Breunling, Vice Presid	dent
(Signature of a) Officer or different) (Printed or typed name an	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and capacity, if my duties, and I am familiar with and accept the obligation of my position as register locument is being filed merely to reflect a change in the registered office address. I here provides the proper accordance in the registered office address. I here provides the proper accordance in the registered of the proper address. The proper accordance is a composition of this change. [C T Composition System Megan G. Ware]	omplete performance red agent. Or, if this reby confirm that the
Sy: Man Superior Assistant Secretary 7/3/08	
Parature of Registered Agents Isolabetta (Date)	
f signing on behalf of an entity:	
(Typed or Printed Name)	·

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

MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, PL 32314
CR2E045 (8/05)