

P 97000084531

Requester's Name  
Natic Life Insurance Company

Address  
101 Almeria Avenue

City/State/Zip Phone #  
Coral Gables, FL 33134

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #) 100004740911--4  
-12/27/01--01031--002
2. \_\_\_\_\_ (Corporation Name) (Document #) \*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

FILED  
01 DEC 27 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P97 000084531  
EACH 12-27-01 CM

**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,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : PHOENIX INSURANCE UNDERWRITERS, INC.
2. The mailing address of the corporation : 2121 PONCE DE LEON BLVD. , SUITE 500  
CORAL GABLES, FLORIDA 33134
3. Date of incorporation/qualification: 9-30-97 Document number: P97000084531
4. The name and address of the current registered agent and office:

GONZALO G. MIRANDA

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

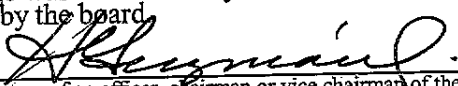
MARIA VICTORIA MORALES

2121 PONCE DE LEON BLVD. # 500

CORAL GABLES, FLORIDA 33134

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.

  
(Signature of an officer, chairman or vice chairman of the board)

12/21/2001  
(Date)

HILDA F. GUZMAN, TREASURER

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated  
corporation, 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.

  
(Signature of Registered Agent)

12/21/2001  
(Date)

If signing on behalf of an entity:

MARIA VICTORIA MORALES

(Typed or Printed Name)

PRESIDENT

(Capacity)

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

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TALLAHASSEE, FLORIDA