

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
222-1222 • 1-800-342-8062 • Fax (850) 222-1222

P99000030253

WRI Employers Insurance Inc

300007013803--4

-08/09/02--01048--014

***1312.50 ***43.75

RA
Change

- FILED
02 AUG -9 PM 12:31
TALLAHASSEE, FLORIDA
RECEIVED
02 AUG -9 AM 11:16
DIVISION OF CORPORATION
- ☐ Art of Inc. File
 - ☐ LTD Partnership File
 - ☐ Foreign Corp. File
 - ☐ L.C. File
 - ☐ Fictitious Name File
 - ☐ Trade/Service Mark
 - ☐ Merger File
 - ☐ Art. of Amend. File
 - ☒ RA ~~Resignation~~ ^{Change}
 - ☐ Dissolution / Withdrawal
 - ☐ Annual Report / Reinstatement
 - ☒ Cert. Copy
 - ☐ Photo Copy
 - ☐ Certificate of Good Standing
 - ☐ Certificate of Status
 - ☐ Certificate of Fictitious Name
 - ☐ Corp Record Search
 - ☐ Officer Search
 - ☐ Fictitious Search
 - ☐ Fictitious Owner Search
 - ☐ Vehicle Search
 - ☐ Driving Record ^{DR}
 - ☐ UCC 1 or 3 File ^{8/12/02}
 - ☐ UCC 11 Search
 - ☐ UCC 11 Retrieval
 - ☐ Courier

Signature _____

Requested by: SH

Name

Date

Time

Walk-In _____

Will Pick Up _____

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

1. The name of the corporation: WRI EMPLOYERS INSURANCE, INC.
2. The principal office address: 4200 Wackenhut Dr., #100, Palm Beach Gardens, FL 33410-4243
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/1/99 Document number: P99 0000 30253

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

F.E. Finizia
4200 Wackenhut Dr., #100
Palm Beach Gardens, FL 33410-4243

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

The Wackenhut Corporation, Attn: Legal Dept.
4200 Wackenhut Dr., #100
(P.O. Box or personal mailbox NOT acceptable)
Palm Beach Gardens, FL 33410-4243

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.

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

Robert L. Kilbride
(Printed or typed name and title)
Vice President & Secretary

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.

[Signature]
(Signature of Registered Agent)

7/26/02
(Date)

If signing on behalf of an entity:

Robert L. Kilbride
(Typed or Printed Name)

Authorized Representative
(Capacity)

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

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

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA