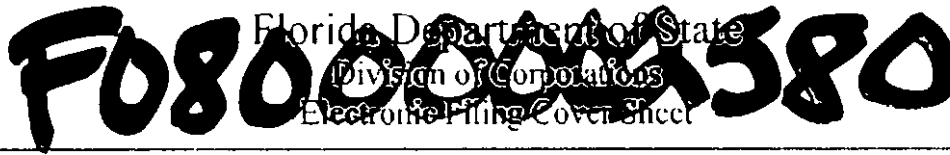


3/6/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000075638 3)))



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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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DIVISION OF CORPORATIONS

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REGISTERED AGENT CHANGE
LLOYD S. BERKETT INSURANCE AGENCY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

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MAR 09 2020

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

1. The name of the corporation: Lloyd S. Berkett Insurance Agency, Inc.
2. The principal office address: 11150 W Olympic Blvd., Suite 610, Los Angeles, CA 90064
3. The mailing address (if different): 11150 W. Olympic Blvd., Suite 610, Los Angeles, CA 90064
4. Date of incorporation/qualification: 06/09/2008 Document number: F08000002580
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)

LEGALINC CORPORATE SERVICES, INC.
5337 SUMMERLIN COMMONS SUITE 400
FORT MYERS, FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
200 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 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.

/s/ Patricia Belanger Patricia Belanger, Secretary
 Signature of an officer or director 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.

C T Corporation System
 By: /s/ Michele Holden 03/06/2020
 Signature of Registered Agent Date

If signing on behalf of an entity:

Michele Holden, Asst Sect
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (03/12)