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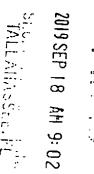
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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09/18/15--01021--021 \*\*35.00



OCT 03 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: September 17, 2019

Order#: 873448-079

Re: BROWN & BROWN INSURANCE SERVICES OF CALIFORNIA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Soraya Sariaslani

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	of 17.0502, 607.1508, or 617.1508, Florida In organized under the laws of the State of Pregistered agent, or both, in the State of	CA	_
1. The name of	the corporation: BROWN & BROV	VN INSURANCE SERVICES OF CALIFO	ORNIA, INC.	
2. The principal	office address: 3697 Mt. Diablo B	lvd Suite 100 Lafayette, CA 94549		
3. The mailing a	ddress (if different):			<del></del>
4. Date of incorporation/qualification: 11/30/2011 Document number: F11000			004811	
	I street address of the current regis timent of State: (If resigned, enter	stered agent and registered office on file v resigned)	vith the	
	C T CORPORATION SYSTEM		_	
	1200 SOUTH PINE ISLAND RO	AD	_	
	PLANTATION, FL 33324		2019 <b>:</b> აქსე	
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered o	<u>∞</u>	
	Corporation Service Company		AM 9: 02	ر د ر تت <del>عمر</del> فرمید
	1201 Hays Street		9:0	ط <sub>ا</sub> ميه.
		30x NOT acceptable	; 2	
	Tallahassee	FL 32301	_	
The street address changed will	ess of its registered office and the he identical.	street address of the business office of i	ts registered age	ent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an een notified in writing of the change.	officer so	
	Lie E Cieni	Jill Cilmi, Vice President		
Signatu	fe of an officer of director	Printed or typed name and ti	itle	_
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and con and accept the obligation of my positio to reflect a change in the registered offi tified in writing of this change.	ni as registered	
By: χ) <sub>νν</sub>	cat-Kuble	09/13/2019		_
Sig	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
Grace E. Kirby,	Assistant Vice President			
Ţ	yped or Printed Name			

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