

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Planning Corporation

Name of Corporation

DOCUMENT NUMBER: F92000000119

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Y.E. Jenkins

Name of Contact Person

Jackson National Life Insurance Company

Firm/Company

One Corporate Way

Address

Lansing, MI 48951

City/State and Zip Code

amanda.jenkins@jackson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Y.E. Jenkins

Name of Contact Person

at (517) 367-4318

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of the corporation: National Planning Corporation cross reference NPC of America, Inc.

2. The principal office address: 100 North Sepulveda Blvd Suite 1800 El Segundo, CA 90245

3. The mailing address (if different): One Corporate Way Attn: Tax Dept N33 Lansing, MI 48951

4. Date of incorporation/qualification: 11/5/1992 Document number: F92000000119

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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

CT Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 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.

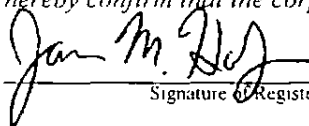
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Kristan L. Richardson, Secretary

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.


Signature of Registered Agent

James M. Halpin
Assistant Secretary

06/20/2017

Date

If signing on behalf of an entity:

CT Corporation System

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