## Fa400000135

| (Re                                     | questor's Name)   |                 |
|---|-------------------|-----------------|
| (Add                                    | dress)            |                 |
| (Add                                    | dress)            |                 |
| (Cit                                    | y/State/Zip/Phone | <del>,</del> #) |
| PICK-UP                                 | ☐ WAIT            | MAIL.           |
| (Bu                                     | siness Entity Nam | ne)             |
| (Do                                     | cument Number)    |                 |
| Certified Copies                        | _ Certificates    | of Status       |
| Special Instructions to Filing Officer: |                   |                 |
|   |                   |                 |
|   |                   |                 |
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Office Use Only



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or alizer





CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: August 1, 2013

Order#: 740560-009

Re: CUENCA & ASSOCIATES INSURANCE AGENCY, 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: Evelyn Wright

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 ch                   | ange is submitted for a corporation organ  | ized under the laws of the State of California   |  |
|-----------------------------------|--|--|--|
|                                   |  | ered agent, or both, in the State of Florida.  |  |
| 1. The name of                    | the corporation: CUENCA & ASSOCIATE  | ES INSURANCE AGENCY, INC.  |  |
| 2. The principa                   | I office address: 6724 Lockheed Drive, Su  | lite 1, Redding CA 96002   |  |
|                                   |  | And the state of t |  |
| 3. The mailing                    | address (if different): P.O. Box 492517, R   | edding CA 96049  |  |
| 4. Date of incom                  | rporation/qualification: 04/25/1994  | Document number: F94000002135  |  |
| 5. The name an                    | d street address of the current registered a<br>artment of State: (If resigned, enter resigne  | gent and registered office on file with the  |  |
|                                   | CT Corporation System  |  |  |
|                                   | 1200 South Pine Island Road  |  |  |
|                                   | Plantation FL 33324  |  |  |
| 6. The name an (if changed):      | d street address of the new registered ager  | 2.   |  |
|                                   | Corporation Service Company  |  |  |
|                                   | 1201 Hays Street   | •  |  |
|                                   | P.O. Box NOT   | acceptable   |  |
|                                   | Tallahassee, FL 32301  |  |  |
| The street addr<br>as changed wil | ress of its registered office and the street a<br>l be identical.  | address of the business office of its registered agent,  |  |
| Such change wauthorized by        | vas authorized by resolution duly adopted the board, or the corporation has been not   | by its board of directors or by an officer so ified in writing of the change.  |  |
|                                   | <u> </u>   | Dona Priebe, Vice President  |  |
| 2                                 | the of an officer or director  | Printed or typed name and title  |  |
| agent. Or, if the hereby confirm  | If the appointment as registered agent and to comply with the provisions of all stations of the firm o | d agree to act in this capacity.<br>Hes relative to the proper and complete<br>eccept the obligation of my position as registered<br>ect a change in the registered office address, I<br>n writing of this change.   |  |
| <b>-</b> , .                      | pue dudan  | 07/26/2013   |  |
| Si                                | gnature of Registered Agent  | Date   |  |
| If signing on b                   | ehalf of an entity:  |  |  |
| April Hudson,                     | Asst VP  |  |  |
| -                                 | Typed or Printed Name  |  |  |

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