| • | | | |
|---------------------------|------------------|-----------------|--|
| (Req | uestor's Name) | | |
| (Add | lress) | | |
| (Add | lress) | | |
| (City | /State/Zip/Phone | ; #) | |
| PICK-UP | WAIT | MAIL | |
| (Bus | iness Entity Nan | ne) | |
| (Doc | cument Number) | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to F | iling Officer: | | |
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| | | | |

Office Use Only



800242598168



ACCOUNT NO. : I2000000195

REFERENCE : 475130 7699793

AUTHORIZATION :,

COST LIMIT

ORDER DATE: December 27, 2012

ORDER TIME : 4:10 PM

ORDER NO. : 475130-095

CUSTOMER NO: 7699793

CHANGE OF AGENT

NAME:

LEAVITT INSURANCE SERVICES OF

LOS ANGELES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

| Pursuant to the provisions of sections 607.0502, 617.050 | | | |
|--|---|-------------------|-----------------|
| statement of change is submitted for a corporation organ CA in order to change its registered office or regist | • | | _ |
| 1. The name of the corporation: LEAVITT INSURANCE SE | - | • | |
| 2. The principal office address: 21650 Oxnard Stree | t. Suite 1825 | | , <u>.</u> |
| Woodland Hills, CA 913967 | i, oano rozo | | |
| 3. The mailing address (if different): Po Box 130, Ce | dar City UT 84721 | | |
| 4. Date of incorporation/qualification: 04/01/2010 | Document number: F100000016 | 01 | |
| 5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned | | | |
| Paracorp Incorporated | | | |
| 236 East 6th Avenue | | 13 | 11415 121415 |
| Tallahassee FL 32303 | | | |
| 6. The name and street address of the new registered age (if changed): | nt (if changed) and /or registered office | 7 PH12: 4 | RY OF \$ |
| Corporation Service Company | | 4- | |
| 1201 Hays Street | | | Det. |
| P.O. Box NOT | acceptable | | |
| Tallahassee, FL 32301 | | | |
| The street address of its registered office and the street as changed will be identical. | address of the business office of its regist | ered ag | gent, |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no | by its board of directors or by an officer tiffed in writing of the change. | so | |
| Mairie Signature of an officer or director | Maureen Cathell, Vice President | | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflect the confirm that the corporation has been notified in Corporation Service Company | d agree to act in this capacity utes relative to the proper and complete accept the obligation of my position as reg ect a change in the registered office addre | isterea 288, I | r |
| By: Decetot while | 12/26/2012 | | |
| Signature of Registered Agent | Date | | |
| If signing on behalf of an entity: | | | |
| Grace E. Kirby, Assistant V.P. Typed or Printed Name | | | |
| * * * FILING FE | E: \$35.00 * * * | | |

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