## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: THOMAS C. O'KANE

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 94-2400257 Name and Address of Current Registered Agent:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

**Current Mailing Address:** 2145 19TH AVE STE #3 SAN FRANSISCO, CA 94116

DOCUMENT# F12000001798

2145 19TH AVE STE #3 SAN FRANSISCO, CA 94116

**Current Principal Place of Business:** 

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATU

## Officer/D

Title	CP	Title	PRESIDENT
Name	O'KANE, THOMAS C	Name	O'KANE, THOMAS C
Address	2145 19TH AVE STE #3	Address	2145 19TH AVE STE #3
City-State-Zip:	SAN FRANSISCO CA 94116	City-State-Zip:	SAN FRANSISCO CA 94116

JRE:					
	Electronic Signature of Registered Agent				
Director Detail :					
	CP	Title	PRESIDENT		
	O'KANE, THOMAS C	Name	O'KANE, THOMAS C		
		Addroop			

Entity Name: RUSH & O'KANE, INC., INSURANCE BROKERS

FILED Jan 08, 2014 Secretary of State CC2627779377

Certificate of Status Desired: Yes

Date

01/08/2014

Date