

F010000004852

Florida Department of State  
Division of Corporations  
Public Access System

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**REGISTERED AGENT CHANGE****HOME CREST INSURANCE SERVICES, INC.**

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Corporate Filing Menu

Help

ASR  
12/11/08

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

1. The name of the corporation: Horne Crest Insurance Services, Inc.
2. The principal office address: 17861 Van Karman Ave., Bldg. E, Irvine CA 92614
3. The mailing address (if different): c/o Joan Olds, Washington Mutual Bank, 1301 2nd Ave., WMC3501  
SEATTLE WA 98101
4. Date of incorporation/qualification: 08/24/2004 Document number: F04000004852
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):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 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.

Melissa Fox  
(Signature of an officer or director)

Melissa Fox, Vice President

(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.

By:

Kir Roseman  
(Signature of Registered Agent)

12/5/08  
Kir Roseman

**Assistant Secretary**

If signing on behalf of an entity:

C T 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

CR2E045 (8/03)

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