

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H18000265128 3)))



H180002651283ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
19 SEP 11 PM 3:50

**REGISTERED AGENT CHANGE  
SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2010 SEP 11 AM 10:07  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 12 2010

*Handwritten signature/initials.*

H18000265128 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F05000003595

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:

**Mary Castillo**

Name of Contact Person

**Registered Agent Solutions, Inc.**

Firm/Company

**1701 Directors Blvd, Ste 300**

Address

**Austin, TX 78744**

City/State and Zip Code

**notices@rasi.com**

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

For further information concerning this matter, please call:

**Mary Castillo**

Name of Contact Person

at **888 705-7274**

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

1. The name of the corporation: SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.
2. The principal office address: 800 W. 6TH ST STE 1800  
LOS ANGELES, CA 90017
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/20/2005 Document number: F05000003595

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

/s/ John Baran

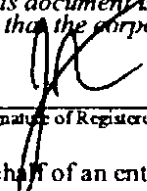
Signature of an officer or director

John Baran

Printed or typed name and title

Authorized Person

*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

07/06/2018

Date

If signing on behalf of an entity:

Justine Karnell - Assistant Secretary

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**