## FD100005332

(Requestor's Name)						
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	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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DEPERTMENT OF STATE 13 JAN - 7 AN 10: 55

> DIVISION OF CONFORMIONS 13 JAN - 7 PM 12: 35



.CSC.					
CORPORATION SERVICE COMPANY	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	475130	7699793	
	AUTHORIZATION	: ک	South of	enan	
	COST LIMIT	:	(\$35,00		
ORDER DATE :	December 27, 201	.2			
ORDER TIME :	4:18 PM				
ORDER NO. :	475130-405				
CUSTOMER NO:	7699793				

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## CHANGE OF AGENT

NAME : JAMES C. JENKINS INSURANCE SERVICE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

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CONTACT PERSON: Susan Henriquez

EXAMINER'S INITIALS:

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

1. The name of the corporation: <u>JAMES C. JENKINS INSURANCE SERVICE</u>, INC.

2. The principal office address: 2552 Stanwell Drive Concord CA 94520

3. The mailing address (if different): PO Box 130, Cedar Clty UT 84721

- 4. Date of incorporation/qualification: 8/14/2006 Document number: F06000005332
- 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)

John D. Hatch, Esquire

1267 Berkshire Lane, Suite 200

Tarpon Springs FL 34688

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

Corporation Service Company

1201 Hays Street

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.

Maureen Cathell, Vice President

JAN - 7

Printed or typed name and title

Date

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.

Corporation Service Company

ι, h By: A. 4 Signature of Registered Agent

12/26/2012

If signing on behalf of an entity:

Grace E. Kirby, Assistant V.P.

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 (03/12)