

F06000005332

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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

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

REGISTERED AGENT CHANGE  
JAMES C. JENKINS INSURANCE SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAMES C. JENKINS INSURANCE SERVICE, INC.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F06000005332  
\_\_\_\_\_

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:

Michael Mirrione

\_\_\_\_\_  
Name of Contact Person

NRAI

\_\_\_\_\_  
Firm/Company

1675 Broadway, Suite 1200

\_\_\_\_\_  
Address

Denver, CO 80202

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Mirrione

\_\_\_\_\_  
Name of Contact Person

at ( 303 ) 393-8800  
\_\_\_\_\_  
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

CR2E045 (03/12)

**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: JAMES C. JENKINS INSURANCE SERVICE, INC.
2. The principal office address: 135 MAIN STREET, 21ST FLOOR, SAN FRANCISCO, CA 94105
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/14/2006 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)

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):

NRAI Services, Inc.

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.

Hiedi Liesch  
Signature of an officer or director

Hiedi Liesch, Secretary

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: NRAI Services, Inc.

Signature of Registered Agent

6/15/2015

Date

If signing on behalf of an entity:

Michael Mirrone

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

CR2B045 (03/12)

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**POWER OF ATTORNEY**

**NOTICE IS HEREBY GIVEN THAT** James C. Jenkins Insurance Service Inc. ("Corporation") a Corporation organized under the laws of the state of California, does hereby appoint Hiedi Liesch, Nancy Lydon, Michael Mirrione and Stephanie Boehm employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Hiedi Liesch, Nancy Lydon, Michael Mirrione and Stephanie Boehm shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

**IN WITNESS WHEREOF** the undersigned has executed this Power of Attorney on this June 4, 2015

James C. Jenkins Insurance Service Inc. a Corporation

By: 

Name: Karman Chan

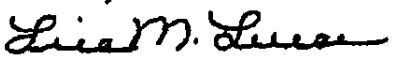
Title: CFO

State of California

County of Contra Costa

On June 4, 2015 before me, Lisa M. Lucas, the undersigned, a Notary Public in and for said State of California, personally appeared Karman Chan personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity (ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

  
Lisa M. Lucas, Notary Public

