

F060000005944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

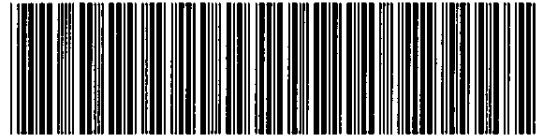
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



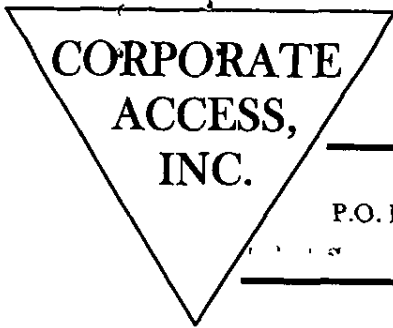
300115479053

PA  
Change

01/23/08--01009--011 \*\*35.00

RECEIVED  
08 JAN 23 AM 10:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2008 JAN 23 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

1-22-08 Meipin



CERTIFIED COPY



PHOTOCOPY



CUS



FILING

Change of registered Agent

1.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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: W. BROWN & ASSOCIATES INSURANCE SERVICES, INC.
2. The principal office address: 19000 MACARTHUR BLVD, STE 700, IRVINE, CA 92612
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/14/2006 Document number: F06000005944
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT 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):

PARACORP INCORPORATED

236 EAST 6TH AVENUE

(P.O. Box NOT acceptable)

TALLAHASSEE, FL 32303

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.

William S. Brown  
(Signature of an officer or director)

William S. Brown 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.

Thaddeus  
(Signature of Registered Agent)

1/15/2008

(Date)

If signing on behalf of an entity:

NINH HO, ASST. SECRETARY

(Typed or Printed Name)

PARACORP INCORPORATED \*\*\* 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 (8/05)

FILED  
2008 JAN 23 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA