H0000005994

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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	Office Use On	lv



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COVER LETTER

Division of Corporations SUBJECT: JOHN SUTAK INSURANCE BROKERS, INC. (Name of Corporation) DOCUMENT NUMBER:_F0600005994_ 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: Sharon Cooke (Name of Contact Person) Paracorp Incorporated (Firm/Company) PO Box 160568 (Address) Sacramento, CA 95816-0568 (City/State and Zip Code) For further information concerning this matter, please call: 888) 886-7166 (Area Code & Daytime Telephone Number) Sharon Cooke (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize er to change its registered office or registere	ed under the laws of the State (of California	
1. The name of	the corporation:_:OHN-SUTAK INSUR	ANCE BROKERS, INC.		- +
	office address: ONE EMBARCADERO			
SAN FRA	NCISCO CA 94111			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 09/14/2006	Document number: _F060	00005994	
	d street address of the current registered ages rtment of State: (If resigned, enter resigned)		with the	
	C T CORPORATION SYSTEM		+	
	1200 SOUTH PINE ISLAND ROAD.			
	PLANTATION FL 33324 US		_	9
6. The name and street address of the new registered agent (if changed) and /or register (if changed): Paracorp Incorporated			DEC 1	SECRETAR VISION OF C
	236 Fast 6th Avenue			ORPO PRPO
(P.O. Box NOT acceptable)				RAT
	Tallahassee, FL 32303			ONS E
The street addr	ess of its registered office and the street ad I be identical.	dress of the business office of	of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by ited in writing of the change.	an officer so	
Cale		John Sutak, III, P	resident	
(Signal	ure of an officer or director)	(Printed or typed name	and title)	
I further agree	t the appointment as registered agent and a to comply with the provisions of all statute and I am familiar with and accept the obliging filed merely to reflect a change in the I is been notified in writing of this change.	es relative to the proper and	complete performance ered agent. Or, if thi. ereby confirm that the	e s :
(S	ignature of Registered Agent)	(Date)		
If signing on bo	ehalf of an entity:			
Ninh Ho, Ass	st Secretary, Paracorp Incorpa			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *