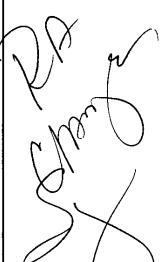
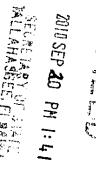


		(Requestor's Name)	
7		(Address)	
'	_	(Address)	
	#)	(City/State/Zip/Phone	
	MAIL	UP WAIT	PICK-U
	e)	(Business Entity Name	
:		(Document Number)	
	of Status	Certificates o	Certified Copies
:		ons to Filing Officer:	Special Instruction
TV 5			
1 Lla			
\> \		Office Use Only	



09/20/10--01023--005 **35.00





COVER LETTER

	ndment Section ion of Corporations			
SUBJECT:_	Leavitt Recreation & Hospi	tality Insurance, Inc.		
DOCUMEN	T NUMBER: F070	00000585		
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:		
		<u> </u>		
	Barbara A			
	Name of Con	act Person		
	<u>.</u>			
	Licensing Pro			
	Firm/Cor	npany		
	50 B	.500		
	PO Box			
	Addit	555		
Lynden, WA 98264 City/State and Zip Code				
	chris-hipple@l			
	E-mail address: (to be used for fu	ture annual report notification)		
For further in	formation concerning this matter, please ca	ll:		
	Barbara Anderson	at (888) 543-5432		
	Name of Contact Person	at (888) 543-5432 Area Code & Daytime Telephone Number		
Enclosed is a	\$35.00 check made payable to the Departm	nent 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 (8/05)

TO:

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Stat organized under the laws of the State of $\overline{\sf CC}$ egistered agent, or both, in the State of Flor	
1. The name of t	the corporation: Leavitt Recrea	ation & Hospitality Insurance,	Inc.
2. The principal	office address: 1011 Lazelle Str	eet	
	Sturgis SD 5778	35	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 12/26/2	007 Document number: F07	7000000565
	d street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with t signed)	he
	Corporation Service Compa	ny	
	1201 Hays Street		
	Tallahassee FL 32301		*****
6. The name and (if changed):	-	agent (if changed) and /or registered office	2010 SEP 20 SECRETASSE
	Paracorp Incorporated		3 C 2 pm
	236 East 6th Avenue	x NOT acceptable	P
	PO. Bo	x NOT acceptable	33 -
			>
The street address changed will	ess of its registered office and the store identical.	treet address of the business office of its re	egistered agent,
Such change was authorized by the	as authorized by resolution duly ad- ne board, or the corporation has bee	opted by its board of directors or by an of en notified in writing of the change.	ficer so
Signatu	re of an officer or director	Chris Hipple, Vice Pres	sident
I hereby accept I further agree of my duties, ar document is bei corporation has	the appointment as registered age to comply with the provisions of all ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity. I statutes relative to the proper and compl e obligation of my position as registered a in the registered office address, I hereby c ange.	ete performance igent. Or, if this confirm that the
	ee attached nature of Registered Agent	Date	
_	•	Date	
rr signing on be	chalf of an entity:		
T	yped or Printed Name		
	* * * FILING	G 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)

ASECTORY IN THE PROPERTY OF TH

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

9/14/10

ENTITY NAME:

LEAVITT RECREATION & HOSPITALITY INSURANCE, INC?

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 236 East 6th Avenue Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Ninh Ho, Assistant Secretary

Paracorp Incorporated