

F070000002937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

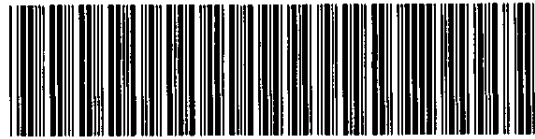
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000242598140

RECEIVED
DEPARTMENT OF STATE
13 JAN -7 AM 10:57

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN -7 PM 12:45

R.A./R.O./ch8
10 1/7/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 475130 7699793

AUTHORIZATION

Spudde man

COST LIMIT : \$ 35.00

ORDER DATE : December 27, 2012

ORDER TIME : 4:08 PM

ORDER NO. : 475130-093

CUSTOMER NO: 7699793

CHANGE OF AGENT

NAME: LEAVITT GROUP INSURANCE
ADVISORS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

10

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 UT in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LEAVITT GROUP INSURANCE ADVISORS, INC.
2. The principal office address: 465 S. 400 E. Suite 300
Salt Lake City, UT 84111
3. The mailing address (if different): Po Box 130, Cedar City UT 84721

4. Date of incorporation/qualification: 06/05/2007 Document number: F07000002937

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)

Registered Agent Solutions, Inc.
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

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 Maureen Cathell, Vice President
Signature of an officer or director 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.

Corporation Service Company
By: Grace Kirby 12/26/2012
Signature of Registered Agent Date

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN - 7 PM 12:45