F10000001601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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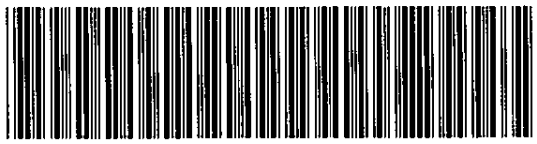

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 475130 7699793

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : December 27, 2012

ORDER TIME : 4:10 PM

ORDER NO. : 475130-095

CUSTOMER NO: 7699793

CHANGE OF AGENT

NAME: LEAVITT INSURANCE SERVICES OF
LOS ANGELES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: LEAVITT INSURANCE SERVICES OF LOS ANGELES, INC.

2. The principal office address: 21650 Oxnard Street, Suite 1825
Woodland Hills, CA 913967

3. The mailing address (if different): Po Box 130, Cedar City UT 84721

4. Date of incorporation/qualification: 04/01/2010 Document number: F10000001601

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)

Paracorp Incorporated
236 East 6th Avenue
Tallahassee FL 32303

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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
Signature of an officer or director

Maureen Cathell, Vice 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.

Corporation Service Company
By: Grace E. Kirby
Signature of Registered Agent

12/26/2012
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

CR2E045 (03/12)