

F10000005489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900242598159

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

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

RA | RO | CH 8
(10) | 1 | 7 | 13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 475130 7699793

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : December 27, 2012

ORDER TIME : 4:09 PM

ORDER NO. : 475130-094

CUSTOMER NO: 7699793

CHANGE OF AGENT

NAME: LEAVITT INSURANCE AGENCY OF
SAN DIEGO, 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 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 AGENCY OF SAN DIEGO, INC.
2. The principal office address: 380 Stevens Avenue #115
Solana Beach, CA 92075
3. The mailing address (if different): Po Box 130, Cedar City UT 84721

4. Date of incorporation/qualification: 12/14/2010 Document number: F10000005489

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

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)

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