

F17000003789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

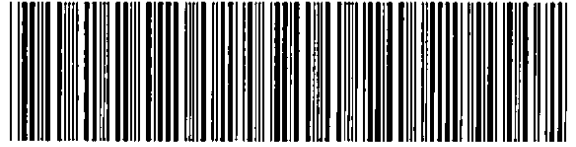
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**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Archibald Insurance Center, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F17000003789

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daye Bearnson

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

PO Box 130

\_\_\_\_\_  
Address

Cedar City, UT 84721

\_\_\_\_\_  
City/State and Zip Code

daye-bearnson@leavitt.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daye Bearnson

at ( 435 ) 590-1403

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F17000003789

\_\_\_\_\_  
(Document number of corporation (if known))

1. Archibald Insurance Center, Inc. \_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)
2. Idaho \_\_\_\_\_ 3. 08/22/2017 \_\_\_\_\_  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/22/2024 \_\_\_\_\_
5. Leavitt Select Insurance Services, Inc. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

2024 MAY 11 PM 3:19

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Rocky Hallows

(Typed or printed name of person signing)

Asst. Corp. Secretary

(Title of person signing)

FILING FEE \$35.00



# STATE OF IDAHO

Phil McGrane | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

June 21, 2024

**Request Type: Certificate of Existence/Filing**

Request #: 0005786414

Receipt #: 001001782

Issuance Date: 06/21/2024

Copies Requested: 0

**Regarding: Leavitt Select Insurance Services, Inc.**

Filing Type: General Business Corporation (D)

Formation/Qualification Date: 03/29/1985

Status: Active-Good Standing

Duration Term: Perpetual

File #: 244738

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

**Leavitt Select Insurance Services, Inc.**

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #: 029390432**



0005745309

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***ARTICLES OF AMENDMENT (CORPORATION)**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$30.00

*For Office Use Only***-FILED-**

File #: 0005745309

Date Filed: 5/22/2024 3:13:57 PM

**Articles of Amendment (Corporation)**

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$30)

**Existing Record Information**

The current name of the corporation is: ARCHIBALD INSURANCE CENTER, INC.

The file number of this entity on the records of the Idaho Secretary of State is: 0000244738

Entity Type: General Business Corporation (D)

Entity Subtype: General Business Corporation

**Corporation Name**

Change Corporation Name? I want to change the name of the corporation

Entity name Leavitt Select Insurance Services, Inc.

**Purpose**

If this corporation is a Benefit Corporation, Insurance Company or Trust, select here: Not Applicable

The number of shares the corporation is authorized to issue:

100000

The mailing address of the corporation shall be:

PO BOX 130  
CEDAR CITY, UT 84721-0135**Officer and/or Director Names and Addresses**

Full Name	Title	Address
Bracken Longhurst	President	PO BOX 130 CEDAR CITY, UT 84721
Aaron Cottle	Vice President	135 W MAIN REXBURG, ID 83440
Mark Lund	Vice President	120 WEST CACHE VALLEY BLVD. LOGAN, UT 84321
Kevin P. Grady	Secretary	PO BOX 130 CEDAR CITY, UT 84721
Vance K. Smith	Director	PO BOX 130 CEDAR CITY, UT 84721
Eric O. Leavitt	Director	PO BOX 130 CEDAR CITY, UT 84721
Bracken Longhurst	Director	PO BOX 130 CEDAR CITY, UT 84721
Eric Petersen	Director	2200 S. MAIN ST. SALT LAKE CITY, UT 84115
Aaron Cottle	Director	135 W MAIN REXBURG, ID 83440



Eric Petersen	Vice President	2200 S. MAIN ST. SALT LAKE CITY, UT 84115
Caleb Houghton	Vice President	2200 S. MAIN ST. SALT LAKE CITY, UT 84115
Michael Vandenburg	Vice President	6220 N. DISCOVERY WAY SUITE 100 BOISE, ID 83713
Mark Tyler Seymour	Vice President	677 S. WOODRUFF AVE. IDAHO FALLS, ID 83401
Alyce Hillman	Vice President	6220 N. DISCOVERY WAY SUITE 100 BOISE, ID 83713
Rocky Hallows	Secretary	PO BOX 130 CEDAR CITY, UT 84721-0135
Scott Barney	Director	PO BOX 130 CEDAR CITY, UT 84721-0135
Alyce Hillman	Director	6220 N. DISCOVERY WAY SUITE 100 BOISE, ID 83713
Caleb Houghton	Director	2200 S. MAIN ST. SALT LAKE CITY, UT 84115
Michael Vandenburg	Director	6220 N. DISCOVERY WAY SUITE 100 BOISE, ID 83713
Mark O. Leavitt	Director	PO BOX 130 CEDAR CITY, UT 84721-0135
Joseph Calliister	Director	PO BOX 130 CEDAR CITY, UT 84721-0135
Caylor J. Dalley	Director	PO BOX 130 CEDAR CITY, UT 84721-0135
Mark Tyler Seymour	Director	677 S. WOODRUFF AVE. IDAHO FALLS, ID 83401
Greg Suman	Director	PO BOX 130 CEDAR CITY, UT 84721-0135
Mark Lund	Director	120 WEST CACHE VALLEY BLVD. LOGAN, UT 84321

The date of adoption of the amendment(s) was:

Date of Adoption: 05/22/2024

Manner of Adoption:

Select one:

Approval by the shareholders is required and the shareholders duly approved the amendment(s) as required by either Title 30, Chapters 20, 21, and 29, Idaho Code or by the Articles of Incorporation.

The Articles of Amendment must be signed by the presiding officer of the board of directors or by an officer of the corporation.

*Kevin P. Grady*

Sign Here

*05/22/2024*

Date

Job Title: Secretary