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## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: National Planning Corporation

Name of Corporation

F92000000119

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:

Amanda Y.E. Jenkins

Name of Contact Person

Jackson National Life Insurance Company

Firm/Company

One Corporate Way

Address

Lansing, MI 48951

City/State and Zip Code

amanda.jenkins@jackson.com

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

For further information concerning this matter, please call:

Amanda Y.E. Jenkins

at (517) 367-4318
Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department 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

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

Pursuant to the provisions of sections 60.	7.0502, 617.0502, 607.1508, or 617.1508. Poration organized under the laws of the	
ý (ý	office or registered agent, or both, in the	• · · · · · · · · · · · · · · · · · · ·
1. The name of the corporation: Nationa	Planning Corporation cross refer	ence NPC of America, Inc
2. The principal office address: 100 No	rth Sepulveda Blvd Suite 1800	El Segundo, CA 9024
3. The mailing address (if different): One	e Corporate Way Attn: Tax Dep	t N33 Lansing, MI 4895
4. Date of incorporation/qualification: 1	1/5/1992 Document number:	F92000000119
5. The name and street address of the curr Florida Department of State: (If resigne	ent registered agent and registered office d, enter resigned)	on file with the
Corporation Servi	ce Company	
1201 Hays Street		· .
Tallahassee, FL 3	2301	
6. The name and street address of the new (if changed):	registered agent (if changed) and /or regi	istered office
CT Corporation S	ystem	
1200 South Pine	sland Road	
Diantation El 22	P.O. Box NOT acceptable	<del></del>
Plantation, FL 333	· · · · · · · · · · · · · · · · · · ·	
The street address of its registered office as changed will be identical.	and the street address of the business of	fice of its registered agent,
	n duly adopted by its board of directors on has been notified in writing of the cha	or by an officer so ange.
Kustan & Calcards	Kristan L. Richard	_
I further agree to comply with the provis performance of my duties, and I am fami		and complete position as registered
Jan M. Ho Assistant Se		
Signature (Registered Agent	Date	
If signing on behalf of an entity:		
CT Corporation System		
Typed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*