

M84 000005221

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000262994 3)))



H090002629943ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

2009 DEC 22 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
R66 INSURANCE AGENCY, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

T. CLINE

DEC 23 2009

EXAMINER

RECEIVED

09 DEC 22 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R66 INSURANCE AGENCY, L.L.C.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Goodlett
Name of Person

CT Corporation System
Firm/Company

120 South Central Ave. Ste 400
Address

Clayton MO 63105
City/State and Zip Code

shannon.goodlett@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

2009 DEC 22 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Shannon Goodlett at (800) 974-0003
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: R66 INSURANCE AGENCY, L.L.C.

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

7600 W. 110TH STREET SUITE 200
OVERLAND PARK KS 66210

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

11/30/2004
3. Date of filing/registration in Florida

M04000005221
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CAPITOL CORPORATE SERVICES, INC.

Registered Office Address: 155 OFFICE PLAZA DR. SUITE A
TALLAHASSEE FL 32301 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Katherine Luckey

Signature of a member or authorized representative of a member

Katherine Luckey - Member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System
Signature of Registered Agent: *Katherine Luckey*

Katherine Luckey - Asst. Sec.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT R66 Insurance Agency, LLC, and Enroute Financial, LLC, both corporations incorporated under the laws of the state of Kansas and the direct or indirect owners of the subsidiary entities shown on Schedule A attached hereto, do hereby appoint Jessica Gardner, Asst. VP, and Katherine Lackey, Asst. Secretary, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Jessica Gardner and/or Katherine Lackey shall exercise the power of Vice President, Assistant Secretary and/or Member/Manager.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 18th day of December, 2009.

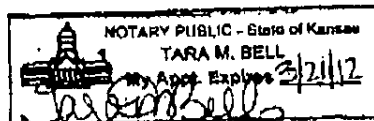
By: Chris Boyd
Name: Chris Boyd
Title: CFO
Company: R66 Insurance Agency, LLC

2009 DEC 22 AM 8:19
SECRETARY OF STATE
TALLHASSEE, FLORIDA
FILED

On 12/18/09 (date) before me, the undersigned, a Notary Public in and for said State, personally appeared Chris Boyd, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Tara M Bell
Insert Name, Notary Public



Schedule A

R68 Insurance Agency, LLC

Enroute Financial, LLC

2009 DEC 22 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED