

MO6000005063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

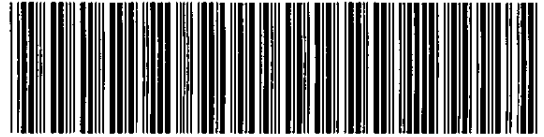
(Business Entity Name)

(Document Number)

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M. THOMAS

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EXAMINER



2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

**REFERENCE # MUST BE ON INVOICE TO BE PAID**

**PARACORP**

NUMBER PAGES:

Date: October 27, 2008

AE: Sharon Cooke

TO: Florida Division of Corporations

REFERENCE: 457173

FAX:

PLEASE PERFORM THE FOLLOWING:

**SULLIVANCURTISMONROE  
INSURANCE SERVICES, LLC**

**Change of Registered Agent**

**IN FL**

SPECIAL INSTRUCTIONS: Please file on a routine and please return one plain copy.

**PLEASE RETURN: Regular Mail**

**PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS**

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SULLIVANCURTISMONROE INSURANCE SERVICES, LLC  
(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:

SHARON COOKE

(Name of Person)

PARACORP INCORPORATED

(Firm/Company)

2804 GATEWAY OAKS DR #200

(Address)

SACRAMENTO, CA 95816

(City/State and Zip Code)

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For further information concerning this matter, please call:

SHARON COOKE

(Name of Person)

at ( 888 ) 886-7166

(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: SULLIVANCURTISMONROE INSURANCE SERVICE

2. (a) Principal office address of limited liability company: 1200 MAIN STREET, SUITE 350  
*(Note: MUST BE STREET ADDRESS)* IRVINE, CA 92614

(b) Mailing address of limited liability company: 1200 MAIN STREET, SUITE 350  
*(Note: MAY BE POST OFFICE BOX)* IRVINE, CA 92614

9/14/2006 M06000005063  
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: C T CORPORATION SYSTEM

Registered Office Address: 1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

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

NEW Registered Agent: PARACORP INCORPORATED

NEW Registered Office Address: 236 EAST 6TH AVENUE  
*(MUST BE FLORIDA STREET ADDRESS)* TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA  
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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.

William R. Curtis  
(Signature of a member or authorized representative of a member)

William R. Curtis, President of W.R. Curtis & Associates Insurance Brokers, 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.*

NINH HO, ASST SECRETARY, PARACORP INCORPORATED  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**