

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

LLC REGISTERED AGENT CHANGE
SULLIVANCURTISMONROE INSURANCE SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2017 JAN -9 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JAN -9 AM 5:43
TALLAHASSEE, FLORIDA

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JAN 10 2017

Y SULKER

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:

Ashley Taylor

Name of Person

C T Corporation

Firm/Company

208 S. LaSalle, Suite 814

Address

Chicago, IL 60604

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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

INIS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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 SERVICES, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1920 MAIN STREET, STE 600

P.O. BOX 19763

IRVINE, CA 92614

IRVINE, CA 92623

09/14/2006

M06000005063

3. _____ 4. _____
Date of filing/registration in Florida Document number

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

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL 32301

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

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.

Ashley Taylor
Signature of a member or authorized representative of a member

Ashley Taylor, attorney-in-fact
Printed or typed name of signer

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 605, 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 James Halpin James Halpin, Assistant Secretary
Signature of Registered Agent

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

INHS18 (2/14)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT SullivanCurtisMonroe Insurance Services, LLC, a Limited Liability Company organized under the laws of the state of California and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Ashley Taylor, employee of CT Corporation and acting solely in the capacity as employee of CT Corporation, as attorney-in-fact for the Limited Liability Company, to act for the Limited Liability Company and in the Limited Liability Company's name for the limited purposes authorized herein.

The Limited Liability Company 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 Limited Liability Company'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 Limited Liability Company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Maria Ozacta, Vickie Cunningham and Terrie Bates shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this
3rd day of January, 2017.

SullivanCurtisMonroe Insurance Services, LLC
A California Limited Liability Company

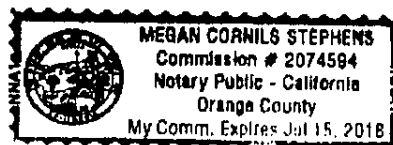
By: [Signature]
Name: Mark Eckenweiler
Title: CEO

State of California
County of Orange

On 1-3-17, before me, the undersigned, a Notary Public in and for said State, personally appeared Mark Eckenweiler 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.

[Signature]
Notary Public



17 JAN -9 AM 9:48
ALLAHUSSEIN, FLORIDA