

Division of Corporations

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N 08000002024

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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

Email Address: _____

RECEIVED

14 SEP 17 PM 1:26

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
CAS INSURANCE AGENCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SEP 17 AM 9:26

FILED

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAS INSURANCE AGENCY, 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:

Name of Person

Firm/Company

Address

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

INHS18 (2/14)

FILED

SEP 17 AM 9:26

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: CAS INSURANCE AGENCY, LLC
2. (a) 1201 ELM STREET, SUITE 1600, DALLAS, TX 75270
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 1201 ELM STREET, SUITE 1600
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
DALLAS, TX 75270
3. 04/29/2008
Date of filing/registration in Florida
4. M08000002024
Document number
5. (a) NATIONAL CORPORATE RESEARCH, LTD., INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301-2525, FL 32301
- (b) CT Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
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.

Signature of a member or authorized representative of a member

Alfred Younan, Asst. Secretary for CT Corporation System

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 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.

James M. Halpin
By: Assistant Secretary
Signature of Registered Agent

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

JNHS18 (2/14)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Riverstone National, Inc., a corporation formed under the laws of the state of Delaware (the "Company"), and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint CT Corporation and its employees (the "CT Service Team Employees"), acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the corporation to act for the Company and in the Company's name for the limited purposes authorized herein.

The 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 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 Company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, CT Service Team Employees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned or December 31st, 2014, whichever comes first.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on September 4, 2014.

Riverstone National, Inc.,
a Delaware Corporation

By: 

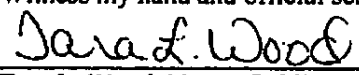
Name: Michael G. Hoffman

Title: Chief Legal Officer, Vice President and Secretary

State of Texas
County of Dallas

On September 4, 2014, before me, the undersigned, a Notary Public in and for said State, personally appeared Michael G. Hoffman, Chief Legal Officer, Vice President and Secretary, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.



Tara L. Wood, Notary Public



EXHIBIT A
LIST OF SUBSIDIARY ENTITIES

Riverstone Insurance, Inc. (f/k/a CAS Insurance, Inc.)
Riverstone Operating LLC (f/k/a CAS Operating LLC)
CAS Insurance Agency, LLC
Riverstone Residential Management, LLC (f/k/a CAS Residential LLC)
Riverstone Residential SF, LLC (f/k/a Compass Capital Solutions, LLC)
Riverstone Residential Group, LLC
Riverstone Residential SF, Inc. (f/k/a Stratus Real Estate Inc.)
Riverstone Residential OSP, LLC
Riverstone Residential NW, Inc. (f/k/a HSC Real Estate, Inc.)
Riverstone Residential FL, LLC
Riverstone Residential SC, LLC
Riverstone Residential NE, LLC
Riverstone Residential West, LLC
Riverstone Residential SW, LLC
Riverstone Residential SE, LLC
Riverstone Operating Company, Inc.
Rockcreek Utility Services, LLC
Riverstone Residential CA, Inc.