

RECEIVED

JAN 15 2013

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

**CORPORATION STATEMENT OF CHANGE
OF KNOWN PLACE OF BUSINESS ADDRESS, PRINCIPAL OFFICE ADDRESS,
OR STATUTORY AGENT**

Read the Instructions C016i

NOTE – no matter what is being changed, numbers 1, 2, 3.1, 5.1, and 5.2 must be completed.
The form will be rejected if those sections are not completed.

1. **ENTITY NAME** – give the exact name of the corporation as currently shown in A.C.C. records:
KOTY-LEAVITT INSURANCE AGENCY, INC.

2. **A.C.C. FILE NUMBER:** 1-0523337-8

Find A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

3.1 REQUIRED – list the known place of business address currently shown in A.C.C. records (before any changes):				3.2 Optional – List the NEW known place of business address in Arizona (must be a street or physical address):			
Corporation Service Company				Lloyd H. Koty			
Attention (optional)				Attention (optional)			
Address 1				Address 1			
2338 W. Royal Palm Rd. Ste. J				6992 E. Broadway Blvd			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
City Phoenix		AZ	85021	City Tucson		AZ	85710-2803
3.3 If you completed 3.2, is the NEW known place of business address in Arizona the same as the street address of the statutory agent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

4. PRINCIPAL OFFICE ADDRESS:

4.1 Required if changing – list the principal office address currently shown in A.C.C. records (before any changes):				4.2 Optional – List the NEW principal office address (must be a street or physical address):			
Attention (optional)				Attention (optional)			
Address 1				Address 1			
Address 2 (optional)		State	Zip	Address 2 (optional)		State	Zip
City				City			
Country				Country			

5. CURRENT OR EXISTING STATUTORY AGENT – list the name and addresses of the statutory agent as shown in the records of the Arizona Corporation Commission *before any changes* (this is the existing statutory agent):

5.1 REQUIRED – list the name and physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			5.2 REQUIRED – list the mailing address (if one exists in A.C.C. records) in Arizona of the existing Statutory Agent:		
Corporation Service Company					
Statutory Agent Name					
Attention (optional)			Attention (optional)		
2338 W. Royal Palm Rd. Ste. J			2338 W. Royal Palm Rd. Ste. J		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
Phoenix	AZ	85021	Phoenix	AZ	85021

5.3 ☐ **CHANGE IN EXISTING STATUTORY AGENT NAME ONLY** – if the *name only* of the existing statutory agent listed in number 5.1 above has changed, but a new agent has not been appointed, check the box and give the new name of the existing statutory agent below:

5.4 CHANGE IN EXISTING STATUTORY AGENT ADDRESS – check all that apply and follow instructions:

- ☐ **STREET ADDRESS CHANGED** – complete number 5.5.
- ☐ **MAILING ADDRESS CHANGED** – complete number 5.6.

5.5 NEW STREET ADDRESS – give the NEW physical or street address (not a P.O. Box) in Arizona of the existing statutory agent:			5.6 NEW MAILING ADDRESS – give the NEW mailing address in Arizona of the existing statutory agent (can be a P.O. Box):		
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip

6. <input type="checkbox"/> NEW STATUTORY AGENT – if a new statutory agent is being appointed, check the box and complete the following for the NEW statutory agent :					
6.1 REQUIRED – give the name (can be an individual or an entity) and physical or street address (not a P.O. Box) in Arizona of the NEW statutory agent:			6.2 OPTIONAL – mailing address in Arizona of NEW Statutory Agent (can be a P.O. Box):		
Statutory Agent Name					
Attention (optional)			Attention (optional)		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State	Zip	City	State	Zip
6.3 REQUIRED – if you are appointing a new statutory agent, the <u>Statutory Agent Acceptance</u> form M002 must be submitted along with this Statement of Change form.					

SIGNATURE – see Instructions C016i for who is authorized to make changes:

If the person signing this form is the existing statutory agent changing its own address, then by the signature appearing below, the existing statutory agent certifies *under penalty of perjury* that he or she has given the corporation named in number 1 above written notice of the address change.

By checking the box marked "I accept" below, I acknowledge *under penalty of perjury* that this document together with any attachments is submitted in compliance with Arizona law.

☒ I ACCEPT

Maureen Cathell

Maureen Cathell

1/11/2013

Signature

Printed Name

Date (mm/dd/yyyy)

REQUIRED – check only one:

<input type="checkbox"/> I am the Chairman of the Board of Directors of the corporation filing this document.	<input checked="" type="checkbox"/> I am a duly-authorized Officer of the corporation filing this document.	<input type="checkbox"/> I am a Statutory Agent changing only my own address and/or my own name.
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Filing Fee: None (regular processing) Expedited processing – add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission – Corporate Filings Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
 All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection.
 If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.



CORPORATION SERVICE COMPANY

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: ARIZONA CORPORATION COMMISSION

From: Susan Henriquez shenriqu@cscinfo.com

Date: January 14, 2013

Order#: 475130/026

Re: KOTY-LEAVITT INSURANCE AGENCY, INC.

Enclosed please find:

XX AMENDMENT TO CHANGE KNOWN PLACE OF BUSINESS IN AZ.
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn: Susan Henriquez
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



STATE OF UTAH
COUNTY OF IRON

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT ERIC O. LEAVITT, the PRESIDENT of Leavitt Group Enterprises, Inc. ("the Company"), a CORPORATION established under the laws of NEVADA, and of the subsidiary entities shown on the list appended hereto, does hereby appoint Corporation Service Company employees Maureen Cathell and Elizabeth A. Dawson attorneys-in-fact for the Company and for the subsidiary entities, to act for the Company and for the subsidiary entities and in the name of the Company and of the subsidiary entities for the limited purposes authorized herein.

The Company and the subsidiary entities, having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants its attorneys-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 jurisdiction.

In the execution of any documents necessary for the purposes set forth herein, Maureen Cathell shall exercise the power of Vice President and Elizabeth A. Dawson shall exercise the power of Secretary, or, in the case of entities having managers or other positions of authority rather than officers such as Vice President or Secretary, the named individuals shall act in such office and with such authority as is required to effect the changes herein contemplated.

This Power of Attorney expires upon the earlier to occur of (a) completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or (b) six (6) months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by notice to Maureen Cathell and Elizabeth A. Dawson.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 12TH day of NOV., 2012 (the "Effective Date").


Leavitt Group Enterprises, Inc.

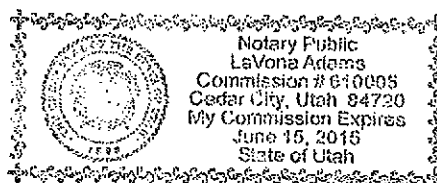
BY: 

ERIC O. LEAVITT

PRESIDENT

Subscribed and sworn to before me this 12th day of November, 2012.


Notary Public



1330 Bascom, LLC
 Allegiance Premium Finance Company, Inc.
 Archibald Insurance Center, Inc.
 Atkinson-Leavitt Insurance Agency, Inc.
 Barlocker Financial Services, Inc.
 Barlocker Insurance Agency, Inc.
 Briggs-Yardley-Leavitt Insurance Agency, Inc.
 Bringham Leavitt Insurance Agency, Inc.
 Bringham-Leavitt Investment, LLC
 Butler-Leavitt Insurance Agency, Inc.
 Caudill-Leavitt Insurance Agency, Inc.
 CIA-Leavitt Insurance Agency, Inc.
 CL Central (dba for LGAA) (Triannual)
 Combined Professional Agents Insurance Services, Inc.
 Darragh, Banker & Leavitt Insurance Agency, Inc.
 Day-Leavitt Insurance Agency, Inc.
 Dixie Leavitt Agency, Inc. (Las Vegas) (DBA Leavitt Insurance Agency)
 Dixie Leavitt Agency, Inc. (Cedar City)
 Ewing-Leavitt Insurance Agency, Inc.
 Farmer-Orth-Leavitt Insurance Agency, Inc.
 Ferguson-Leavitt Insurance Agency, Inc.
 Filice-Leavitt Insurance Services
 Flanigan-Leavitt Insurance Agency
 Flanigan-Leavitt Investment Company, LLC
 Hancock-Leavitt Insurance Agency, Inc.
 Hennessey, Thames & Leavitt Insurance Agency, Inc.
 Hunt-Leavitt Insurance Agency, Inc.
 James C. Jenkins Insurance Service, Inc.
 Kanarra Mountain Captive Insurance Company, Inc.
 Kellogg-Ewing-Leavitt Insurance Agency, Inc.
 Koty-Leavitt Insurance Agency, Inc.
 Leavitt Benefit Insurance Services of Southern California, Inc.
 Leavitt Central Coast Insurance Services, Inc.
 Leavitt Group Agency Association, LLC
 Leavitt Group Benefits Services of Arizona, Inc.
 Leavitt Group Benefits Services of Boise, Inc.
 Leavitt Group Benefits Services of Colorado, Inc.
 Leavitt Group Benefits Services of Southern Utah, Inc.
 Leavitt Group Benefits Services, Inc.
 Leavitt Group Enterprises, Inc.
 Leavitt Group Insurance Advisors, Inc. (Most states will likely still show "Grant-Hatch & Associates, Inc.")
 Leavitt Group Insurance Agency of Vernal, Inc.
 Leavitt Group of Albuquerque, Inc.
 Leavitt Group of Boise, Inc.
 Leavitt Group of Northern Arizona, Inc.
 Leavitt Group of Northern Utah, Inc.
 Leavitt Group of Spanish Fork, Inc.
 Leavitt Group of Wasatch-Summit Insurance Agency, Inc.
 Leavitt Group of Winslow, Inc.
 Leavitt Group Oil and Gas Insurance Agency, Inc.

Leavitt Group Southwest, Inc.
Leavitt Group Wings, LLC
Leavitt Insurance Agency of Central Utah, Inc.
Leavitt Insurance Agency of Eastern Washington, Inc.
Leavitt Insurance Agency of San Diego, Inc.
Leavitt Insurance Agency of Western Idaho, Inc.
Leavitt Insurance East Valley, Inc.
Leavitt Insurance Services of Los Angeles, Inc.
Leavitt Pacific Insurance Brokers, Inc.
Leavitt Payroll, Inc.
Leavitt Recreation & Hospitality Insurance, Inc.
Leavitt Risk Services, LLC
LG Life Insurance Services, LLC
LG Payroll Services, LLC
Lincoln-Leavitt Insurance Agency, Inc.
McDonald-Leavitt Insurance Agency, Inc.
Nebo-Leavitt Insurance Agency, Inc.
Northern Montana Insurance Services, Inc.
Okerlund-Leavitt Insurance Agency, Inc. (DBA Okerlund, Sorensen & Leavitt Insurance Agency)
Pacific Risk Management, Inc.
PacWest Captive Insurance Company, Inc.
Penfold-Leavitt Insurance Agency, Inc. (DBA Redwoods Leavitt Insurance Agency, Inc.)
PL Central (DBA)
Powers-Leavitt Insurance Agency, Inc.
Pridemark-Everest Insurance Services, Inc.
Randy Jones & Associates, Inc. (This is a new entity, just getting set up)
Risk Services of Louisiana, Inc.
Schield-Leavitt Insurance Agency, Inc. (DBA Leavitt Group Four Corners Insurance Agency)
Shook-Leavitt Insurance Agency, Inc.
Sloan-Leavitt Insurance Agency, Inc.
SSL, L.L.C.
Starley-Leavitt Insurance Agency, Inc.
Stephens & Hobdy Insurance, Inc.
Still & Leavitt Insurance Agency, Inc.
Taylor-Leavitt Insurance Agency, LLC
The Leavitt Insurance Group of Atlanta, Inc.
Valley Insurance Service, Inc.
Valley-Leavitt Insurance Agency, Inc.
Western Dakota Insurors, Inc.
Whitfield's United Insurance Agencies, Inc.
Zarosinski-Leavitt Insurance Agency of Oregon, Inc. (DBA Leavitt Group of Portland)
GBS Benefits, Inc.
GBS Benefits Insurance Agency (DBA)
GBS Compliance Services, Inc.

Leavitt Group Southwest, Inc.
Leavitt Group Wings, LLC
Leavitt Insurance Agency of Central Utah, Inc.
Leavitt Insurance Agency of Eastern Washington, Inc.
Leavitt Insurance Agency of San Diego, Inc.
Leavitt Insurance Agency of Western Idaho, Inc.
Leavitt Insurance East Valley, Inc.
Leavitt Insurance Services of Los Angeles, Inc.
Leavitt Pacific Insurance Brokers, Inc.
Leavitt Payroll, Inc.
Leavitt Recreation & Hospitality Insurance, Inc.
Leavitt Risk Services, LLC
LG Life Insurance Services, LLC
LG Payroll Services, LLC
Lincoln-Leavitt Insurance Agency, Inc.
McDonald-Leavitt Insurance Agency, Inc.
Nebo-Leavitt Insurance Agency, Inc.
Northern Montana Insurance Services, Inc.
Okerlund-Leavitt Insurance Agency, Inc. (DBA Okerlund, Sorensen & Leavitt Insurance Agency)
Pacific Risk Management, Inc.
PacWest Captive Insurance Company, Inc.
Penfold-Leavitt Insurance Agency, Inc. (DBA Redwoods Leavitt Insurance Agency, Inc.)
PL Central (DBA)
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Still & Leavitt Insurance Agency, Inc.
Taylor-Leavitt Insurance Agency, LLC
The Leavitt Insurance Group of Atlanta, Inc.
Valley Insurance Service, Inc.
Valley-Leavitt Insurance Agency, Inc.
Western Dakota Insurors, Inc.
Whitfield's United Insurance Agencies, Inc.
Zarosinski-Leavitt Insurance Agency of Oregon, Inc. (DBA Leavitt Group of Portland)
GBS Benefits, Inc.
GBS Benefits Insurance Agency (DBA)

**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION COVER SHEET**

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USE A SEPARATE COVER SHEET FOR EACH DOCUMENT

ARE YOU FILING: ☐ New Entity ☒ Change to existing entity ☐ Re-submission/Correction

PLEASE COMPLETE ALL APPROPRIATE SECTIONS

Type in Corp/LLC Name: KOTY-LEAVITT INSURANCE AGENCY, INC.

FILING TYPE	REGULAR SERVICE FEE	EXPEDITED SERVICE FEE
<input type="checkbox"/> Articles of Domestication	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Incorporation (Profit)	<input type="checkbox"/> \$ 60.00	<input type="checkbox"/> \$ 95.00
<input type="checkbox"/> Articles of Incorporation (Non Profit)	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Articles of Organization (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Application For Authority (Business)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application to Conduct Affairs (Non Profit)	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for New Authority	<input type="checkbox"/> \$175.00	<input type="checkbox"/> \$210.00
<input type="checkbox"/> Application for Registration	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$185.00
<input type="checkbox"/> Articles of Amendment	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Amendment & Restatement	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Correction	<input type="checkbox"/> \$ 25.00	<input type="checkbox"/> \$ 60.00
<input type="checkbox"/> Articles of Merger/Share Exchange	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$135.00
<input type="checkbox"/> Articles of Merger (Limited Liability Company)	<input type="checkbox"/> \$ 50.00	<input type="checkbox"/> \$ 85.00
<input type="checkbox"/> Affidavit of Publication	<input type="checkbox"/> \$ 0.00	<input type="checkbox"/> \$ 35.00
<input type="checkbox"/> CORPORATIONS -Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$5.00 Each () (Enter Quantity)	<input type="checkbox"/> \$40.00 () (Enter Quantity)
<input type="checkbox"/> LLCs - Certified Copies* <small>*If copies are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input type="checkbox"/> Good Standing Certificate* <small>*If Good Standing Certificates are for different entities the Expedite fee applies to each entity</small>	<input type="checkbox"/> \$10.00 Each () (Enter Quantity)	<input type="checkbox"/> \$45.00 () (Enter Quantity)
<input checked="" type="checkbox"/> Other: <u>Change of known place of business in AZ</u>	<input type="checkbox"/> Regular Fee	<input checked="" type="checkbox"/> Expedite Fee

SELECT PAYMENT TYPE:

DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM!

☒ Check Check # _____ Check Amount \$ 35.00
☐ M.O.D. Account MOD Acct # _____ Mod Amount \$ _____
☐ Cash -- for in-person filings only (Do not send cash in the mail.) Cash Amount \$ _____
☐ Credit Card -- for in-person filings only CC Amount \$ _____
☐ No fee required

SELECT ONE RETURN DELIVERY OPTION: ☒ Mail ☐ Pick Up ☐ Fax # ()

REQUIRED: Please list the person or company who will be picking up the completed documents.

DOCUMENTS WILL BE MAILED IF THEY ARE NOT PICKED UP IN A TIMELY MANNER (APPROXIMATELY TWO WEEKS).

Person or Company Name: _____ Phone Number: 800-927-9800
 Corporation Service Company

Address:
2711 Centerville Road, Suite 400

City: Wilmington State: DE Zip: 19808

PICK-UP BY: _____ **FOR ARIZONA CORPORATION COMMISSION USE ONLY** **DATE:** _____

View current process times at: www.azcc.gov/Divisions/Corporations