F06000004708

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	*19.00pt* 30
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400161438324

OD OCT 15 AH 11: 32

SECRETIVELY OF STATE
TART AHASSEE ELORIDA



R.A. Change C.COULLIETTE

UCI 16 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE : 139809 7727411

AUTHORIZATION :

COST LIMIT

ORDER DATE: September 29, 2009

ORDER TIME : 9:13 AM

ORDER NO. : 139809-009

CUSTOMER NO: 7727411

CHANGE OF AGENT

NAME:

HERBERT H. LANDY INSURANCE

AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organism in order to change its registered office or registered office or registered.	nized under the laws of the State of Massachusetts
1. The name of the corporation: HERBERT H . LA	ANDY INSURANCE AGENCY, INC.
2. The principal office address:	n, MA 02494
3. The mailing address (if different):	
4. Date of incorporation/qualification: 07/14/2006	Document number: F0600004708
5. The name and street address of the current registered a Florida Department of State:	
John Hatch 1267 Berkstire Tarpon Springs, Fl	Lane, Ste 200
Tarpon Springs, Fl	<u> </u>
The name and street address of the new registered age (if changed);	
Corporation Service Compan	y
1201 Hays Street	
(P.O. Box NOT acceptable	c)
Tallahassee, FL 32301	
The street address of its registered office and the stree as changed will be identical.	
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so otified in writing of the change.
(Signature of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and titte)
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the obdocument is being filed merely to reflect a change in tecorporation has been notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
By: (Signature of Registered Agent)	October 13, 2009
If signing on behalf of an entity:	
Sylvia Queppet, Asst. VP (Typed or Printed Name)	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *