F03000004015

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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R. A. Charge LAT 5-3-04

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Heritage Agency Consultants, Inc. (Th	me of corporation)
DOCUMENT NUMBER: F03000004015	
The enclosed Statement of Change of Registered O.	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Susan James	
<u></u>	lame of person)
The American Heritage, Inc.	
	e of firm/company)
10950 Grandview, Suite 600 Overland Park, KS 66210	(Address)
(City/	state and zip code)
For further information concerning this matter, plea	ise call:
Susan James	at (800) 642-1872 ext. 168
(Name of person)	at (800) 642-1872 ext. 168 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the De	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

j ...

Pursuant to the p	rovisions of sections 607.0502 , 617.0502 ,	607.1508, or 617.1508, Florida Statutes, th	nis statement of
change is submitt	ed for a corporation organized under the l	aws of the State of Kansas	in order
to change its regi	stered office or registered agent, or both, i	n the State of Florida.	
1. The name of the	e corporation: Heritage Agency Consulta	ants, Inc	DIN STA
2. The principal of	office address: 10950 Grandview, Suite 6	00, Overland Park, Kansas 66210	
			70 70
3. The mailing ad	dress (if different): same		THE APR 30 PM 2:55
			72
4. Date of incorpo	oration/qualification: 8/11/2003	Document number: F03000004015	<u>~~~</u>
5. The name and Florida Depart	street address of the current registered ager ment of State:	nt and registered office on file with the	
-	CT Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Gerald Grubba		
	101 Federal Place, Suite 101		
	(P.O. Box or personal mail	box NOT acceptable)	
	Tarpon Springs, FL 34689	_ .	
The street address changed will be	s of its registered office and the street ad identical.	dress of the business office of its register	ed agent, as
Such change was the board, or the	s authorized by resolution duly adopted be corporation has been notified in writing	y its board of directors or by an officer so of the change.	authorized by
	anature of an officer of director)	Shawn T. Lowry President (Printed or typed name and title	
I hereby accept to I further agree to duties, and I am being filed merel	he appointment as registered agent and a comply with the provisions of all statute	agree to act in this capacity. s relative to the proper and complete per f my position as registered agent. Or, if i ice address, I hereby confirm that the cor	formance of my
Sund	of K / Jenstra	March 31, 2004	
ė —— <u>(</u>	Signature of Registered Agent)	(Date)	
If signing on beh	alf of an entity:		
Gerald Grubba		Regional Manager	
	(Typed or Printed Name)	(Capacity)	

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