

F06000005953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

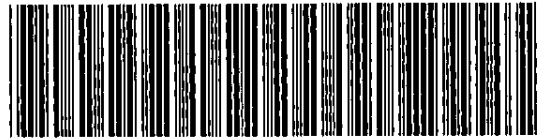
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500136033325

EA
Charge

09/19/08--01029--018 **35.00

RECEIVED

08 SEP 19 PM 2:19

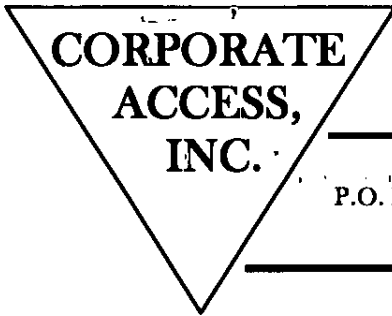
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2008 SEP 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
9/22/08



When you need ACCESS to the world

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

9-19-08 MGilpin

PICK UP:

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

Change of RA

1. *Huggins / Dreckman Insurance Agency, INC.*
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2008

Corporate Access, Inc.
236 East 6th Avenue
Tallahassee, FL 32303

SUBJECT: HUGGINS/DRECKMAN INSURANCE AGENCY, INC.
Ref. Number: F06000005953

*Corrected.
Please file.
Thanks,
Beth
15*

We have received your document for HUGGINS/DRECKMAN INSURANCE AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 908A00050907

RECEIVED
08 SEP 22 PM 2:22
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HUGGINS/DRECKMAN INSURANCE AGENCY, INC.
2. The principal office address: 12535 SEAL BEACH BLVD
SEAL BEACH CA 90740
3. The mailing address (if different): PO BOX 20395
LONG BEACH CA 90801
4. Date of incorporation/qualification: 09/14/2006 Document number: F06000005953
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

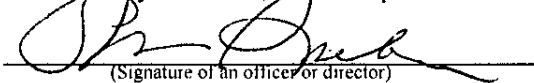
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PARACORP INCORPORATED
236 EAST 6TH AVENUE
(P.O. Box NOT acceptable)
TALLAHASSEE FL 32303

FILED
2009 SEP 22 PM 3: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Stanley G. Dreckman, President
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

9/19/08
(Date)

If signing on behalf of an entity:

NINH HO
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)