

Division of Corporations Page 1 of 1  
**F070000003748**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6380

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: \_\_\_\_\_

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2010 AUG -3 AM 8:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
 HIX INSURANCE ASSOCIATES, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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AJR  
 8/3/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HIX INSURANCE ASSOCIATES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** F07000003748

The enclosed Statement of Change of Registered Office/Agent and fees are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Deborah Conway  
Name of Contact Person

Hix Insurance Associates  
Firm/Company

363 E. Elkhorn Ave. Ste # 201  
Address

Estes Park  
City/State and Zip Code

dlc@insurance-associates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Conway at ( 970 ) 586-4407  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (2/05)

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 Colorado  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HIX INSURANCE ASSOCIATES, INC.
2. The principal office address: 363 E. Elkhorn Ave. Ste # 201
3. The mailing address (if different): PO BOX 4190, ESTES PARK, CO 80517
4. Date of incorporation/qualification: 07/25/2007 Document number: P07000003748
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

HATCH, JOHN D ESQ.

1267 BERKSHIRE LANE, SUITE 200

TARPON SPRINGS, FL 34688

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Shelley K. Doggett  
Signature of officer or director

Shelley K. Doggett President/owner  
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.

C T Corporation System  
By: Hiedi M. Lisch  
Signature of Registered Agent

8/2/2010  
Date

If signing on behalf of an entity:

Hiedi Lisch  
Assistant Secretary  
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)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA