

F08000000741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 29 AM 11:03

R.A. Chong
C.COULLETTE

MAY 05 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HORTON INSURANCE AGENCY, INC.
Name of Corporation

DOCUMENT NUMBER: F08000000741

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JODY TOM
Name of Contact Person

LAWYERAGENTS
Firm/Company

5962 E PLACITA DE LAS LUCES
Address

TUCSON AZ 85750
City/State and Zip Code

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

For further information concerning this matter, please call:

JODY TOM at (602) 412-3769
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

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

1. The name of the corporation: HORTON INSURANCE AGENCY, INC.

2. The principal office address: 10320 ORLAND PKWY ORLAND PARK IL 60467

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/18/2008 Document number: F08000000741

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)

FLORIDA INCORPORATORS, INC.

8875 HIDDEN RIVER PKWY STE 300

TAMPA FL 33637 US

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

CHARLES T. WIGGINS

501 COMMENDENCIA STREET

P.O. Box NOT acceptable

PENSACOLA, FL 32502

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.

Kevin Palmer
Signature of an officer or director

KEVIN PALMER Vice 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.

Charles Wiggins
Signature of Registered Agent

4/11/2011
Date

If signing on behalf of an entity:

Jay Tom
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

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