

F0800000215:

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

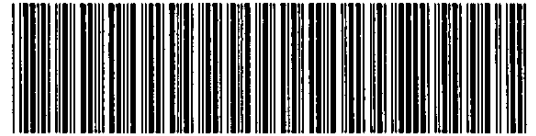
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/24/13--01011--017 \*\*35.00

FILED  
13 SEP 24 PM 4 28  
SECRETARY OF STATE  
DEPARTMENT OF REVENUE

RA Change  
10/2/13  
DC

September 20, 2013

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Housing Enterprise Insurance Company, Inc.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

A handwritten signature in black ink, appearing to read 'Adam Saldaña', with a stylized flourish at the end.

Adam Saldaña  
REGISTERED AGENT SOLUTIONS, INC.

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

1. The name of the corporation: HOUSING ENTERPRISE INSURANCE COMPANY, INC.  
2. The principal office address: 148 COLLEGE STREET SUITE 204 BURLINGTON, VT 05401

3. The mailing address (if different): \_\_\_\_\_  
PO BOX 189 189 COMMERCE COURT CHESHIRE, CT 06410-0189

4. Date of incorporation/qualification: 05/12/2008 Document number: F08000002153

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)

BUSINESS FILINGS INCORPORATED

515 E. PARK AVENUE

TALLAHASSEE, FL 32301

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

Registered Agent Solutions, Inc.

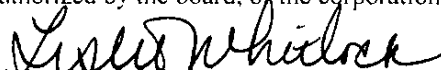
155 Office Plaza Dr. Suite A

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

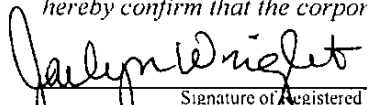
  
Signature of an officer or director

Leslie Whitlock- Secretary

Printed or typed name and title

FILED  
18 SEP 24 PM 4:28  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

*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

09/19/2013  
Date

If signing on behalf of an entity:

Jaclyn Wright, Asst. 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 (03/12)