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Office Use Only

CORP

THE HERITAGE GROUP

120 WEST LEXINGTON AVENUE
ELKHART, INDIANA 46516

NT NUMBER(S), (if known):

1.			تعلق المناسقات
(Corporation Name)	(Document #)	OI OCT -5 SECRETARY TALLARASS	
(Corporation Name)	(Document #)	FFG R	.,
(Corporation Name)	(Document #)	3: 50 FLORIDA	
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☐ Walk in ☐ Pick up time		Certified Copy	_
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>		± '
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Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnersh ☐ Reinstatement ☐ Trademark ☐ Other	uip	.

CR2E031(7/97)

T BROWN OCT - 9 2001

Examiner's Initials

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

			2, ⁶ 607.1508, or 617.150	
			ne State ofII	
		r to change its regi	stered office or register	ed agent, or both, in
the State of Flori				
1. The name of the	ne corporation:	Heritage F	inancial Group,	Inc.
2. The mailing ac	dress of the corporatio	n: 120 W. L	exington Avenue	<u></u>
			IN 46516	
3. Date of incorp			Document number:	
	address of the current r			
		-8		
	<u>Ken Shouse</u>	· <u> </u>		* <i></i>
_				49, 0
	Gainesville		,	168 6 16 16 16 16 16 16 16 16 16 16 16 16 1
5. The name and			nged) and/or registered o	ffino Retion and).
		. O. Box Not Accep		mice (in original):
	SUSAN P	OOLE		COP S
_	10201 W	. Beaver Stre	et	The second second
_	Jackson	ville, FL 32	220	عادية المعادية المعاد
The street address agent, as changed	s of its registered offic l, will be identical.	e and the street add	ress of the business offi	ce of its registered
Such change was	authorized by resoluti	on duly adopted by	its board of directors or	by an officer so
	5°# <i>9</i>		6/	/ /
(Signature of	an officer chairman or vice cl	nairman of the board)		21/0/
	- , ·			
Brian J.	Smith - Co-CEO (Printed or typed name and			e de la companya del companya de la companya del companya de la co
corporation, I her further agree to	ed as registered agent reby accept the appoin comply with the provi	and to accept servi tment as registered sions of all statutes	ice of process for the ab agent and agree to act relative to the proper a ot the obligation of my p	ove stated in this capacity. nd complete
verjormance of m registered agent.	y auties, and I am fam	iliar with and acce	ot the obligation of my p	position as
2	Jak Kore	_	9/27/0	
(Sign	nature of Registered Agent)		(Date)	:
If signing on behalf o	f an entity:			
NA	·		NA	
(Тур	ped or Printed Name)		(Capacity)	

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