150563

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COVER LETTER

Amendment Section **Division of Corporations**

TO:

SUBJECT: HITTON Self INSURANCE FUND, Orc. Name of Corporation
DOCUMENT NUMBER: J 50563
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:
Julia K, Itulton Name of Contact Person
Helton Self Insuearce Furd, Onc Firm/Company 13200 - B Panama City Broch Parkway Address
13200 - B Panama City Broch Parkway
Panama Cuty Brach, FL 30407 City/State and Zip Code JKhi) + vn @ hiltonsum. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (850) 624-9762 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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

CR2E045 (04/13)

$\boldsymbol{\sim}$ 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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Hilton Self INSURANCE FUND, IN	<u></u>
2. The principal office address: 13200 Panama City Beach Parkway	<u>, U</u> NITB
Panama City Beach, FL 32407 3. The mailing address (if different): Mailing address obove is correct,	addresson
4. Date of incorporation/qualification: 12/29/86 Document number: 750563	incorrect
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)	·
Julic K. Hilton	
13700 Panama Cory Beach Partway	MANA MANA
Panama Cuty Beach, FL 32407	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Julie K. Hilton	
13200 Panama City Brach Parkway P.O. Box NOT acceptable	UNIT B
Panama City Beach, FL 32407	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	l agent,
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 infection TRCS. TUINCK 141400 Regulation Printed or typed name and title? Printed or typed name and title?	cs./ etered
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 perform y duties, and I am familiar with and accept the obligation of my position as registered agent. Or document is being filed merely to reflect a change in the registered office address, I hereby confirm to corporation has been notified in writing of this change.	vmanee
Julie Agent Agent 6/30/20 20 Signature of Registered Agent Gent 6/30/20 20	202
If signing on behalf of an entity:	UL 0
Tulie K. Hilton, Reg. Agant	2020 JUL 10
* * * FILING FEE: \$35.00 * * *	PH
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE	بب
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	6

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