

L16 DDD23196d

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

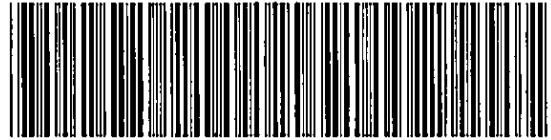
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 16 PM 9:09

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TALLAHASSEE, FLORIDA

Amend
Klanu
chg

NOV 17 2021
I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 223315 8276196

AUTHORIZATION :

[Signature]

COST LIMIT : \$25,000

ORDER DATE : November 11, 2021

ORDER TIME : 2:37 PM

ORDER NO. : 223315-005

CUSTOMER NO: 8276196

DOMESTIC AMENDMENT FILING

NAME: HEACOCK INSURANCE GROUP, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT

___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY

XX___ PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Heacock Insurance Group, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Heacock

Name of Person

HIG Runoff, LLC

Firm/Company

100 E Main St, Second Floor

Address

Lakeland, FL 33801

City/State and Zip Code

jheacock27@gmail.com

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

For further information concerning this matter, please call:

Jason Heacock

863 669-5453
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Heacock Insurance Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 Jan 16 PM 9:09

The Articles of Organization for this Limited Liability Company were filed on 12/27/2016 and assigned
Florida document number L16000231966.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HIG Runoff, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100 E Main St, Second Floor

Lakeland, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 E Main St, Second Floor

Lakeland, FL 33801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jason Heacock

New Registered Office Address:

100 E Main St, Second Floor

Enter Florida street address

Lakeland

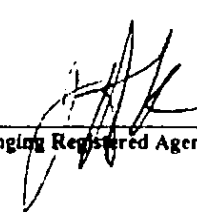
Florida 33801

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee