

L37854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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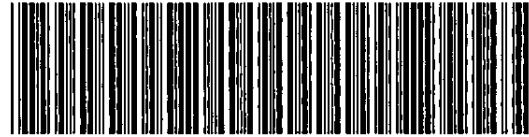
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JAN 18 PM 2:30

R.A.

JAN 22 2013

T. BROWN

Mel Himes & Associates Insurance Agency, Inc.

321 Stratford Commons Ct. • Deltona, FL 32725 • www.melhimesinsurance.com

Life • Health • Retirement

Church • Auto • Home • Business

January 14th, 2013

Amendment Section

Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

RE: Registered Agent Change Effective 7/12/12 in Error

Document # L37854

Good Afternoon,

Attached please find the correction back to the original Registered Agent, Melvin F. Himes Jr. This change that was processed in July of 2012 was signed in error by our marketing Vice President. The Corporation Service Company handles our Insurance Agency Insurance Licenses for our various Carriers, he thought this was for one of those licenses not to change the Registered Agents for our Corporation.

We are requesting that the previous change be voided out and Mr. Himes be reinstated as the registered agent for our Corporation, back to the July 2012 date if possible.

Thank you in advance for your kind attention and assistance in this very important matter.

Respectfully,



Mary Ann Pientka

President – Agent

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEL HIMES & ASSOCIATES INSURANCE AGENCY INC.
Name of Corporation

DOCUMENT NUMBER: L37854

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:

MEL HIMES JR.

Name of Contact Person

MEL HIMES & ASSOCIATES INSURANCE AGENCY INC

Firm/Company

321 STRATFORD COMMONS CT.

Address

DELTONA, FL 32725

City/State and Zip Code

mhimes@melhimesinsurance.com

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

For further information concerning this matter, please call:

MEL HIMES JR

Name of Contact Person

at (386) 574-3030 X 205

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

1. The name of the corporation: MEL HIMES AND ASSOCIATES INSURANCE AGENCY, INC.

2. The principal office address: 321 STRATFORD COMMONS CT, DELTONA, FL 32725

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/19/1989 Document number: L37854

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)

CORPORATION SERVICE COMPANY

1201 HAYS ST

TALLAHASSEE, FL 32301

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

MELVIN F HIMES JR

321 STRATFORD COMMONS CT

P.O. Box NOT acceptable

DELTONA, FL 32725

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.

Mel F. Himes Jr
Signature of an officer or director

MELVIN F HIMES JR - CFO
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.

Mel F. Himes Jr
Signature of Registered Agent

01/14/2013
Date

If signing on behalf of an entity:

MEL F. HIMES JR
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)

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