

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000042727

Entity Name: H & F INSURANCE AGENCY INC.

**FILED**  
**May 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7441 WAYNE AV  
#7J  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

7441 WAYNE AV  
#7J  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 59-1789997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FIELDS, JOHN CHESTER  
7441 WAYNE AV  
#7J  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

FIELDS, LYNN  
7441 WAYNE AV  
#7J  
MIAMI BEACH, FL 33141 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN FIELDS

05/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: FIELDS, LYNN  
Address: 7441 WAYNE AV #7J  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNN FIELDS

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05/14/2012

Electronic Signature of Signing Officer or Director

Date