

P04000139988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

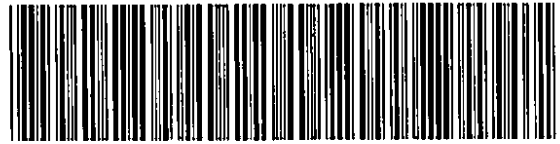
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800316036758

07/26/18--01003--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 26 AM 11:19

AUG 01 2018

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUL 26 AM 11:15

TO: Amendment Section
Division of Corporations

SUBJECT: AH Insurance Services, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000139988

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:

Andrew Herman

Name of Contact Person

AH Insurance Services, Inc.
Firm/Company

4400 W. Spruce St. Apt. #478
Address

Tampa, FL 33607
City/State and Zip Code

LAANDRE@hotmail.com

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

For further information concerning this matter, please call:

Andrew Herman

Name of Contact Person

at (727) 743-4532
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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AH Insurance Services, Inc.
2. The principal office address: 4400 W. Spruce St. Apt #478
Tampa, FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/08/2004 Document number: P04000139988

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)

Andrew J. Herman
7063 Islamorada Circle
Seminole, FL 33777

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

Andrew J. Herman
4400 W. Spruce St Apt. #478
P.O. Box NOT acceptable
Tampa, FL 33607

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.

Andrew J. Herman
Signature of officer or director

Andrew J Herman, PVST
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.

Andrew J. Herman
Signature of Registered Agent

7/23/2018
Date

If signing on behalf of an entity:

Andrew J. Herman
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2018 JUL 26 AM 11:13