

P090000564/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

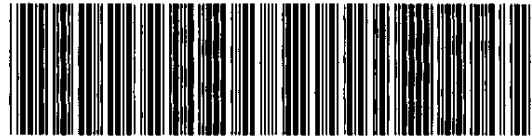
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to:
Sandra Alexander & She
on 7/7/10
will be the new AGENT FOR
RE-REGISTERED
ATTACHED
CORP.
7-7-10
DC

Office Use Only



100182337581

06/21/10 -01023- 008 **35.00

FILED
10 JUL -6 AM 10:39
SECRETARY OF STATE
MAIL ROOM
FBI 02104

Change
7-7-10
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

ELIZABETH HUTSON
HUTSON INSURANCE GROUP, INC.
P. O. BOX 850
OCOE, FL 34761

SUBJECT: HUTSON INSURANCE GROUP, INC.
Ref. Number: P09000056415

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

PLEASE STATE THE NAME AND TITLE OF THE PERSON THE POWER OF ATTORNEY IS SIGNING ON BEHALF OF.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 310A00015430

RECEIVED
2010 JUL -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUTSON INSURANCE GROUP INC
Name of Corporation

DOCUMENT NUMBER: P09000056415

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:

ELIZABETH HUTSON
Name of Contact Person

HUTSON INSURANCE GROUP INC
Firm/Company

P.O. BOX 850
Address

OCOE FL 34761
City/State and Zip Code

SANDY.HIG@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH HUTSON at (320) 564-9203
Name of Contact Person 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: HUTSON INSURANCE GROUP, INC.
2. The principal office address: 908-A S VOLUSIA AVE ORANGE CITY FL 32763
3. The mailing address (if different): P.O. BOX 850 OCOEE FL 34761
4. Date of incorporation/qualification: _____ Document number: _____
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)

JOHN E HUTSON

107 JOANNE DR

DAVENPORT FL

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

SANDRA ALEXANDER

424 OCOEE HILLS ROAD

P.O. Box NOT acceptable

OCOEE, FL 34761

FILED
10 JUL -6 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Sandra Alexander
Signature of an officer or director

VPC
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.

Sandra Alexander
Signature of Registered Agent

6-15-10
Date

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314