

P1900000 4088

(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
TALLAHASSEE, FL

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JAN 14 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Joseph Hetrick Insurance, INC.
Name of Corporation

DOCUMENT NUMBER: P19000004088

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:

Joseph Hetrick
Name of Contact Person

Firm/Company

153 Highway 97
Address

Molino, Florida 32577
City/State and Zip Code

E-mail address: (to be used for future annual report notification) joseph.hetrick@ffb.c.com

For further information concerning this matter, please call:

Joseph Hetrick at (251) 294-0026
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Joseph Hetrick Insurance, INC.
2. The principal office address: 153 Highway 97, Molino, Florida 32577

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/10/2019 Document number: P19000004088

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)

United States Corporation Agents, INC.
13302 Winding OAK Court A
Tampa, Florida 33612

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

Joseph E. Hetrick
153 Highway 97
Molino, Florida 32577

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Joseph E. Hetrick
Signature of an officer or director

Joseph E. Hetrick President
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.

Joseph E. Hetrick
Signature of Registered Agent

12-9-2019
Date

If signing on behalf of an entity:

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 (04/13)