

FO 2000004455

(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:

Consent documents  
by telephone call  
th 3-12-11

Office Use Only



300196833483

03/07/11--01052--016 \*\*35.00

RAPO chy

FILED  
11 MAR 10 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** H&W Insurance Services Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F02000004455

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:

Carra Duran  
Name of Contact Person

InCorp Services, Inc.  
Firm/Company

2360 Corporate Circle · Suite 400  
Address

Henderson, NV 89074-7722  
City/State and Zip Code

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

For further information concerning this matter, please call:

Carra Duran at (800) 246-2677  
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 Kansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: H&W Insurance Services, Inc.
2. The principal office address: 4300 Shawnee Mission Pkwy, Ste 101  
Shawnee Mission, KS 66222
3. The mailing address (if different): PO Box 1085  
Shawnee Mission, KS 66222
4. Date of incorporation/qualification: 08/28/2002 Document number: F02000004455

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)

NRAI SERVICES, INC.

515 E Park Ave

Tallahassee, FL 32301

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

FILED  
11 MAR 10 AM 11:56  
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.

✓ Bernard R. Geis  
Signature of an officer or director

Bernard R. Geis, 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.

Carra Duran on behalf of InCorp Services, Inc.  
Signature of Registered Agent

3/1/11  
Date

If signing on behalf of an entity:

Carra Duran on behalf of InCorp Services, Inc.

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