

84 1033

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DATE: 3/12/14

NAME: NATIONAL ASSOCIATION OF SOCIAL WORKERS INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National Association of Social Workers, Inc.
Name of Corporation

DOCUMENT NUMBER: 841033

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:

John Christel
Name of Contact Person

CorpAssist, LLC
Firm/Company

1090 Vermont Avenue NW, Suite 910
Address

Washington, DC 20005
City/State and Zip Code

nvang@naswdc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Christel at (2023718090)
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

CR2E045 (03/12)

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: National Association of Social Workers, Inc.
2. The principal office address: 1931 DELLWOOD DRIVE TALLAHASSEE, FL 32303
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/10/1978 Document number: 841033

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)

AKIN, JAMES
1931 DELLWOOD DRIVE
TALLAHASSEE, FL 32303

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

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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.

Signature of an officer or director

Kathleen Waugh, Chief Operating Officer
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.

NRAI Services, Inc.
By: Signature of Registered Agent

March 6, 2014
Date

If signing on behalf of an entity:

John Christel VP of NRAI
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
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