841033

(Re	equestor's Name)	 -			
(Ac	Idress)				
(Ad	idress)				
(Cit	ty/State/Zip/Phone	· #)			
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SECPETARY OF STATE
OF A PASSEE, FLORID

7/10 Change MM 7/10/03

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations	<u>=</u>		-
SUBJ	JECT: National Association Of	Social Workers, Inc.		
		(Name of corporat	tion)	
DOC	UMENT NUMBER: 841033		- NACE TO THE STATE OF THE STAT	- .
The e	nclosed Statement of Change of	of Registered Office/A	gent and fee are	e submitted for filing.
Please	e return all correspondence cor	ncerning this matter to	the following:	
Kerr	y L. Strubin			
	(Name of person	on)		
Natio	onal Registered Agents, Inc. Of M	D _		
	(Name of firm/con	npany)		•
11 E	ast Chase Street, Suite 9E			
,	(Address)		-	- "1994
Baltir	more, MD 21202	<u>:</u>		
-	(City/state and zip	code)		·
For fu	urther information concerning	this matter, please call:		
Kerry	L. Strubin	at (at () 536-9778	
	(Name of person)	(Area cod	le & daytime tel	ephone number)
Enclo	sed is a \$35.00 check made pa	yable to the Departmer	nt of State.	
Amer Divis: P.O. I	ng Address: Idment Section Idment Corporations Box 6327 Inassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 3239		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to th	e provisions of sections	607.0502, 617.0502,	607.1508, or 61	7.1508, Florid	la Statutes,	
this statement of Delaware	of change is submitted fo	r a corporation organ ge its registered office				
of Florida.		-	_	cm, or oom, i	n me plate	
1. The name of	f the corporation: Nation	al Association Of Socia	l Workers, Inc.	, . <u></u> -	3 8 B	-
2. The principa	al office address: 750 Fi	st Street, NE, Ste. 700	<u> </u>		58 E	
	n, DC 20002		· 5.	· - <u>-</u> - <u>-</u> - <u>-</u>	影」	=
7 The mailine	address (if different):	==			35.50 7.00 7.00 7.00 7.00 7.00 7.00 7.00	E0
3. The mailing address (if different):			· · · · · · · · · · · · · · · · · · ·		70 4	·
4. Date of inco	rporation/qualification:	07/10/1978	Document num	ber: 841033	- 97 .	
	nd street address of the crartment of State:	urrent registered agent	and registered of	fice on file wit	h the	
•	CT Corporation Systen	n =				
	1200 South Pine Island	t Road		,,,,		
	Plantation, FL 33324					
c 1991			. (if alaman) and		J - PG /: P	
6. The name a changed):	and street address of the	new registered agent	(ii changed) and	i /or registered	1 office (11	
	NRAI Services, Inc.					
	526 E. Park Avenue					
	(P.o.) Tallahassee, FL 32301	Box or personal mailbox NOT a	cceptable)			
agent, as chang	ress of its registered offi ged will be identical.					
Such change wanthorized by	vas authorized by resoluthe board, or the corpora	. .	4		fficer so	
(Somature of an office	hairman or vice chairman of the		Bailey, MSW/Pres (Printed or typed name	ident and title)		
hereby accep I further agglee yerformanee o registered age	t the appointment as res to comply with the prov f my duties, and I am fa nt. Or, if this document I hereby confirm that th	gistered agent and agr visions of all statutes i miliar with and accep is being filed merely	ree to act in this c relative to the pro of the obligation o to reflect a chang	capacity. oper and comp f my position of the in the regist	ered	
_ Keny	J. Mulri- Signature of Registered Agent)		6/30/(Date)	<u>5</u> 0		
If signing on beha	-	_				
By: Kerry L.		Assistar	nt Secretary	Ţ.,		ige in the second
NRAI Services	(Typed or Printed Name)		(Capacity)			

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