## 849177

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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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(Do	cument Number)	
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Certified Copies	_     :. Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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TB SEP 15 2009



September 9, 2009

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: CBCA Administrators, Inc.

Dear Filing Officer:

jaran ja karinga

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Tanya Dietrich

Senior Corporate Specialist

Encl.



## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: CBCA Administrators, Inc. (Name of Co	rporation)
DOC	UMENT NUMBER: 849177	
The er	nclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please	e return all correspondence concerning this matter (	to the following:
	Tanya Dietrich	
	(Name of Cont	act Person)
	National Corporate Services,	
	(Firm/Con	npany)
	16055 Space Center Blvd., Ste.	
	Houston, TX 77062 (City/State and	TZip Code)
For fu	orther information concerning this matter, please ca	11:
	Tanya Dietrich (Name of Contact Person)	at ( 800 ) 862-5438 (Area Code & Daytime Telephone Number)
Enclo	sed is a \$35.00 check made payable to the Departn	nent 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

-	•	617.0502, 607.1508, or 617.1508, Florida Ston organized under the laws of the State of $^{ extsf{D}}$	-		
		or registered agent, or both, in the State of Fl			
1. The name of the corporation: CBCA Administrators, Inc.		CBCA Administrators, Inc.			
		Drive, Ste. 350, Columbus, OH 43215	<del></del>		
3. The mailing a	ddress (if different): 4150 Intern	national Plza., Ste. 350, Ft. Worth, TX 761	09		
4. Date of incorp	poration/qualification: 5/19/81	Document number: 849177			
	street address of the current regitment of State:	istered agent and registered office on file with	n the		
	Corporation Service Com	npany			
	1201 Hays Street		1	2	
	Tallahassee, FL 323014	-2525	SECR	95 15 15 15 15 15 15 15 15 15 15 15 15 15	
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	ETARY HASSE	2009 SEP 14 PM12: 38	
	NRAI Services, Inc.		OF S E, FL	PHI	
	2731 Executive Park	Drive, Suite 4	STATE	2: 38	
	(P.O. Box NOT Weston, FL 33331	acceptable)	के	w.	
The streenaddre	ess of its registered office and the be identical.	ne street address of the business office of its	registered	agent,	
Such change was authorized by the	as authorized by resolution duly ne board for the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so		
(Signati	ire of the Officer or amector)	Laurel Faciane, Secretary (Printed or typed name and till	tle)		
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this	agent and agree to act in this capacity. fall statutes relative to the proper and com t the obligation of my position as registered age in the registered office address, I hereby change.	plete perfor l agent. Or y confirm ti	rmance , if this hat the	<b>?</b> ì
1 Augs	gnature of Registered Agent)	9/8/99 (Date)			
If signing on be	half of an entity:	•			
Tanya Dietr	ich, Asst. Secretary	_			
(i)	Typed or Printed Name)				

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