Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for Trutus annual report mailings. Enter only one email address please

Email Address:

## REGISTERED AGENT CHANGE NAS INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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7/21/2011 7-22-11

## **COVER LETTER**

TO: Amendme Division	ent Section of Corporations		
SUBJECT:	nas insurai	NCE SERVICES, INC.	
SUBJECT	Nan	ne of Corporation	
DOCUMENT N	JMBER:	F10000000550	
The enclosed State	ement of Change of Registered	d Office/Agent and fee are s	submitted for filing.
Please return all co	arrespondence concerning this	matter to the following:	
	Kelly Mcr	Mahon of Contact Person	
	Namo	of Contact Person	
	NAS Insuran	im/Company	Inc.
	16501 Ventur	Ca (3) vd. #20 Address	0
	Encino, CA	State and Zip Code	
-	(icensing 6) nas E-mail address (to be used	for future annual report	notification)
For further informa	ition concerning this matter, p	dease call:	
Kelly n	nema hon	all 818)	808-4471
Nan	ne of Contact Person	Area Code &	Daytune Telephone Number
Enclosed is a \$35.0	O check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Add Amendme	tress; ant Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of chi	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this name is submitted for a corporation organized under the lows of the State of California der to change its registered office or registered agent, or both, in the State of Florida.
1 The name of	f the corporation: NAS INSURANCE SERVICES, INC.
2. The principal	al office address: 16501 VENTURA BLVD #200 ENCINO CA 91436
3. The mailing s	address (if different):
4. Date of incor	rporation/qualification: 02/01/2010 Document number: F10000000550
	ad street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	INCORP SERVICES, INC
	17888 67TH COURT NORTH
	LOXAHATCHEE FL 33470
6. The name and (if changed):	INCORP SERVICES, INC  INCORP SERVICES, INC  INCORP SERVICES, INC  INCORP SERVICES AND INCORPORATION SERVICES AND INCORP SERVICES AND INCORP SERVICES AND INCORP SERVIC
	C T Corporation System
	do CT Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable Plantation, Florida 33324
	cess of its registered office and the street address of the business office of its registered agent,   be identical.
Such change we authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
12	Richard Joseph Robin, President
	Trinical or typed with a discount of the appointment as registered agent and agree to act in this capacity.  It the appointment as registered agent and agree to act in this capacity,  to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.
By: C'T'(	Corporation System 7/11/2011
f signing on bel	ehall of an cutity: Kristin Bolden Assistant Secretary
Ty	ypod or Fristed Name * * * RYY INC FER SSS (A) * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)