

# F94000005598

Document Number Only

CT Corporation System

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32310 222-1092

City State Zip Phone

**CORPORATION(S) NAME**

100002599081--2  
-07/27/98--01048--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Financial Administrative Services, Inc.

**FILED**  
98 JUL 27 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                  | <input type="checkbox"/> Merger                    |
| <input type="checkbox"/> NonProfit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal     | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report              | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Name Registration          | <input checked="" type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Fictitious Name     | <input type="checkbox"/> UCC-1 Financing Statement  | <input type="checkbox"/> UCC-3 Filing              |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies               | <input type="checkbox"/> CUS                       |
| <input type="checkbox"/> Call When Ready     | <input checked="" type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30                |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                  | <input checked="" type="checkbox"/> Pick Up        |
| <input type="checkbox"/> Mail Out            |   |  |

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Please Return Extra Copies  
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Thank You!!

*Hope*

7/27

58 JUL 27 AM 10:52  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
98 JUL 29 PM 12:54  
DIVISION OF CORPORATION

July 27, 1998

CT CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: PHOENIX FINANCIAL ADMINISTRATIVE SERVICE, INC. (FAS)  
Ref. Number: F94000005598

We have received your document for PHOENIX FINANCIAL ADMINISTRATIVE SERVICE, INC. (FAS) and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 798A00039470

*Teresa,*  
*Please backdate and file.*  
*Thank you!*  
*Jbpe @ CT*  
*222-1092*

Florida Department of State, Jim Smith, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Connecticut submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Financial Administrative Services, Inc.

dlb/la Phoenix Financial Administrative Service, Inc. (FAS)

1b. Date of incorporation October 27, 1994 Document number F94.000005598

2. The name and address of the current registered agent and office:

Insurance Commissioner

Capitol, Tallahassee, Florida 32399

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324

The street address of its registered agent 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.

(Signature)  
SIGNATURE  
July 15, 1998  
DATE

Belinda Monat, President  
(Type or printed name and title)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

**SALVINA AMENTA-GRAY**  
**SPECIAL ASSISTANT SECRETARY**

SIGNATURE BY:

C T CORPORATION SYSTEM

(Registered Agent)

DATE

July 20, 1998

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

CR2E045 (7-91)

Filing Fee: \$35.00