

F95000004038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

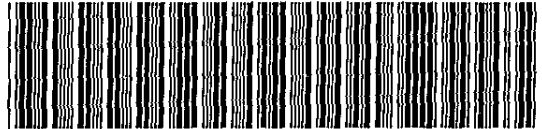
(Document Number)

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TALLAHASSEE, FLORIDA

FL

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477
E-Mail: Maggie@Paranetlegal.com

TRANSMITTAL LETTER

September 24, 2003

RE: SFS Insurance Brokerage, Inc. CrossRef: Sunset Financial Services, Inc.

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FR: Maggie Ferdinand
Paranet Job No. 03-09-0276/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)

CHECK NO _____ AMOUNT: \$35.00 ENCLOSED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE
NUMBER (800) 277-9977.**

THANK YOU FOR YOUR EXCELLENT SERVICE©

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: SFS Insurance Brokerage, Inc. CrossRef: Sunset Financial Services, Inc.

2. The principal office address: 3520 BROADWAY, KANSAS CITY, MO 64111

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/22/95 Document number: F95000004038

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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TALLAHASSEE, FLORIDA
CLERK OF STATE

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

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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.

Kelly T. Ullon
(Signature of an officer, chairman or vice chairman of the board)

KELLY T. ULLON, VP
(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.

Maggie Ferdinand
(Signature of Registered Agent)

9/25/03
(Date)

If signing on behalf of an entity:
By: MAGGIE FERDINAND
(Typed or Printed Name)

Asst. Secy.
(Capacity)

NRAI Services, Inc.

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