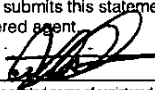


FILED
Jan 28, 2005 8:00 am
Secretary of State

40007320

DOCUMENT # P03000052080				01-28-2005 90017 013 ***150.00	
1. Entity Name NATIONS COMMERCIAL LENDING SERVICES, INC.					
Principal Place of Business 401 FAIRWAY DRIVE SUITE 200 DEERFIELD BEACH, FL 33441		Mailing Address 401 FAIRWAY DRIVE SUITE 200 DEERFIELD BEACH, FL 33441		40007320	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 06-1695115	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARMPRIESTER, JACOB 20026 PEBBLE CREEK COURT BOCA RATON, FL 33498				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ARMPRIESTER LAW OFFICES 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 1/6/05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANAHAN, PATRICK 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMPIESTER, JACOB 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/SD ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRAVEL, BRYANT VP 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, MARK VP 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					