

# S13593

Requester's Name	
Faye L. Kunz Legal Assistant II	Wells Fargo Financial, Inc. 206 Eighth Street Des Moines, Iowa 50309 515 243-2131
City/State/Zip	Phone #

400006725314--2  
-07/29/02--01055--010  
\*\*\*\*245.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
02 AUG 19 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S13593  
OK 388  
8-19-02

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 5, 2002

FAYE L. KUNZ  
WELLS FARGO FINANCIAL, INC.  
206 EIGHTH STREET  
DES MOINES, IA 50309

SUBJECT: WELLS FARGO FINANCIAL SYSTEM FLORIDA, INC.  
Ref. Number: S13593

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

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

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) 245-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 202A00046728

**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 Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.*

1. The name of the corporation : Wells Fargo Financial System Florida, Inc.

2. The mailing address of the corporation : 206 8th St., Des Moines, IA 50309

3. Date of incorporation/qualification: 11/15/90 Document number: S13593

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

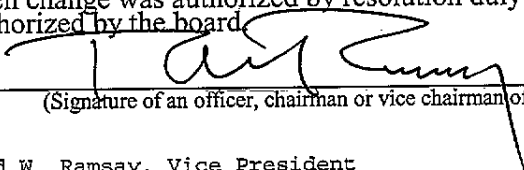
R. E. Good  
250 International Parkway, Ste. 146  
Heathrow, FL 32746

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

The Crescent at Primera Building Five  
255 Primera Blvd., Suite #328  
Lake Mary, FL 32746

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.

  
(Signature of an officer, chairman or vice chairman of the board)

July 25, 2002  
(Date)

Reed W. Ramsay, Vice President  
(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, 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.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

**FILED**  
**02 AUG 19 PM 6:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**