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R.A. Change'-LFT 12-10-03



## **FILING REQUEST**

November 26, 2003

## FLORIDA SECRETARY OF STATE

Type of Filing:

**CHANGE OF AGENT** 

Subject(s):

SECOA, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #13288 FOR \$35.00

Return Via:

**REGULAR MAIL** 

Filing Method:

**ASAP** 

PLEASE RETURN TO:

PREMIER CORPORÂTE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Sue Brodtmann

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

	e provisions of sections 607.0502, 617.050 nitted for a corporation organized under t		
-	egistered office or registered agent, or bot		in order
1. The name o	f the corporation: SECOA, Inc.	<u> </u>	
2. The principa	al office address: 8650 109th Ave N, Ch	amplin, MN 55316	
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 12/30/1981	Document number: 851399	
	nd street address of the current registered a artment of State:	gent and registered office on file with the	ne
	CT Corporation System	_ <del></del>	2003
	1200 S. Pine Island Road		2003 DEC - 1
	Plantation, FL 33324		1
6. The name ar (if changed)		at (if changed) and /or registered office	PM 4: 55
	NRAI Services, Inc.		<u> </u>
	526 E. Park Avenue (P.O. Box or personal	nailbox NOT acceptable)	
	Tallahassee, FL 32301		
The street add changed will b	ress of its registered office and the street be identical.	address of the business office of its re	gistered agent, as
Such change v	vas authorized by resolution duly adopte he corporation has been notified in writing	d by its board of directors or by an offing of the change.	icer so authorized by
Ma	(Signature of an other of director)	Mary T. Meister, Secretar	'Y
veen notijiea t	of the appointment as registered agent and to comply with the provisions of all states in familiar with and accept the obligation rely to reflect a change in the registered in writing of this change.	d agree to act in this capacity, utes relative to the proper and comple n of my position as registered agent. office address, I hereby confirm that t	tte performance of my Or, if this document is he corporation has
NRAl Service by: ∠	s,	11 biotaa	2
	(Signature of Registered Agent)	(Date)	
If signing on∕b	ehalf of an entity:	<del>-</del>	
Jackie Sorma	n	Assistant Secretary	-
	(Typed or Printed Name)	(Capacity	<del>)</del>

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