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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/1/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CIS FINANCIAL SERVICES, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F00000001928

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TLS/GEC GROUP

(Name of Contact Person)

GEC GROUP

(Firm/Company)

2731 EXECUTIVE PARK DRIVE, SUITE 4

(Address)

WESTON, FL 33331

(City/State and Zip Code)

For further information concerning this matter, please call:

TLS/GEC GROUP

(Name of Contact Person)

at ( 954 ) 318-2787

(Area Code & Daytime Telephone Number)

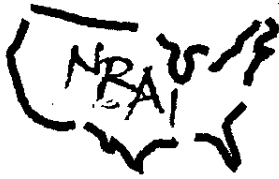
Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**National Registered Agents, Inc.**  
... "NRAI, the best choice for statutory representation"

Thursday, February 11, 2010

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

RE: CIS FINANCIAL SERVICES, INC.  
Order # TS-10-0087

Dear Sir/Madam:

We now enclose for filing the documents identified below:

<input type="checkbox"/> INCORPORATION	<input type="checkbox"/> MERGER
	<input type="checkbox"/> A. Domestic
<input type="checkbox"/> QUALIFICATION	<input type="checkbox"/> B. Foreign
<input checked="" type="checkbox"/> CHANGE OF AGENT/OFFICE	<input type="checkbox"/> DISSOLUTION
<input type="checkbox"/> A. Domestic	<input type="checkbox"/> A. Statement of Intent
<input checked="" type="checkbox"/> B. Foreign	<input type="checkbox"/> B. Certificate of Dissolution
<input type="checkbox"/> AMENDMENT	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> A. Domestic	
<input type="checkbox"/> B. Foreign	<input type="checkbox"/> OTHER

Kindly send evidence to the undersigned. If there are any problems, please call us on our toll-free number 1-877-261-6823.

PLEASE RETURN TO:  
TONY SMITH  
NRAI SERVICES, INC  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331  
EMAIL: TSMITH@gecgrp.com

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.  
**Thank you!**

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

1. The name of the corporation: CIS FINANCIAL SERVICES, INC.

2. The principal office address: 851 North Military Street, Hamilton, AL 35570

3. The mailing address (if different): 851 North Military Street, Hamilton, AL 35570

4. Date of incorporation/qualification: 03/26/2001 Document number: F00000001928

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

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

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

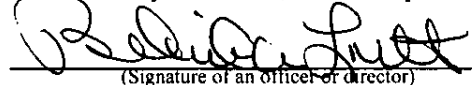
(P.O. Box NOT acceptable)

Weston, FL 33331

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TALLAHASSEE, FLORIDA

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.

  
(Signature of an officer or director)

Assistant Secretary/Belinda Lovett

(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.*

  
(Signature of Registered Agent)

2-22-2010  
(Date)

If signing on behalf of an entity:

Peter Souza, Asst. Sec.

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314