

FD1000000545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

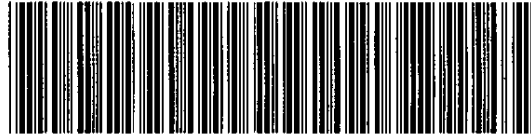
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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9-17-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CBCA Insurance Services, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F01000000545

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:

Tanya Dietrich  
(Name of Contact Person)

National Corporate Services, LLC  
(Firm/Company)

16055 Space Center Blvd., Ste. 235  
(Address)

Houston, TX 77062  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tanya Dietrich at ( 800 ) 862-5438  
(Name of Contact Person) (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**  
Corporate Services, LLC

September 9, 2009

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

RE: CBCA Insurance Services, Inc.

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,



Tanya Dietrich  
Senior Corporate Specialist

Encl.

**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 Texas*

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

1. The name of the corporation: CBCA Insurance Services, Inc.

2. The principal office address: 250 Civic Center Drive, Ste. 350, Columbus, OH 43215

3. The mailing address (if different): 4150 International Plaza., Ste. 350, Ft. Worth, TX 76109

4. Date of incorporation/qualification: 11/19/1987 Document number: F01000000545

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 323014-2525

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

NRAI Services, Inc.

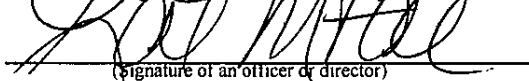
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

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)

Laurel Faciane, Secretary

(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)

9/8/09  
(Date)

If signing on behalf of an entity:

Tanya Dietrich, Asst. Secretary

(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

CR2E045 (8/05)

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TALLAHASSEE, FLORIDA