

FD5000005612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
06 MAR 20 PM 4:01

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FEB 03 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NLADA Service Corporation
(Name of Corporation)

DOCUMENT NUMBER: F05000005612

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:

/C. M. Porter
(Name of Contact Person)

NLADA INSURANCE PROGRAM / NLADA SERVICE CORP.
(Firm/Company)

1140 CONNECTICUT AVENUE, NW #900
(Address)

WASHINGTON, DC 20036
(City/State and Zip Code)

For further information concerning this matter, please call:

STACEY MORSE at (202) 452-0620 EXT. 297
(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

JOHN D. HATCH, P.C.

A PROFESSIONAL CORPORATION
COUNSELOR AT LAW

1267 BERKSHIRE LN, SUITE 200
TARPON SPRINGS, FL 34688

TELEPHONE: (727) 945-7768
FACSIMILE: (727) 945-7769
E-MAIL: JOHN@JDHATCHPC.COM

January 27, 2006

Anna Edwards
~~Rhonda Reese~~

Kennedy Licensing Services, Inc.
2501 Thomas Avenue
Dallas, TX 75201

FEB 03 2006

**Re: NLADA Service Corporation
Change of Address of Registered Agent**

Dear Mr. Gerson,

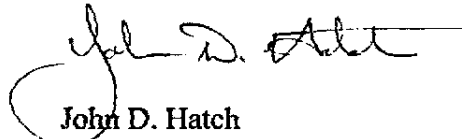
My files indicate that you are the contact person for NLADA Service Corporation. I am serving as the registered agent for that corporation in Florida. I have recently relocated from Ocala to Tarpon Springs. If the company would like for me to continue as its registered agent I must submit the enclosed forms to the Florida Department of State. Please take the following actions:

- Fill in the name and phone number of the "Contact Person" on the Cover Letter (can be you or any officer or representative of the corporation).
- Fill in the name and title of an *officer* who can consent to this address change on the second form and have that person sign on the line indicated.
- Return the completed forms to me.

I will then execute my portion, provide the filing fee, and submit to the Department of State.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation.

Very truly yours,


John D. Hatch

cc: Victrix International, LLC

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

FEB 03 2006

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

1. The name of the corporation: NLADA Service Corporation
2. The principal office address: 1140 Connecticut Ave., NW, #900
Washington, DC 20036
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-30-05 Document number: F05000005612

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

John D. Hatch, P.C.

840 S.E. 5th Street

Ocala, FL 34471

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

1267 Berkshire Lane

(P.O. Box NOT acceptable)

Tarpon Springs, FL 34688

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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.

Kevin Horsted
(Signature of an officer or director)

KEVIN HORSTED
(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)

(Date)

If signing on behalf of an entity:

John D. Hatch

(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)