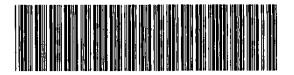
F06000004729

| (Re | questor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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| | | | |
| | 6240 | | |

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T. BROWN

COVER LETTER

| TO: Amendment Section Division of Corporations | • | | |
|---|--|--|--|
| SUBJECT: The Association | on of Professinals Name of Corporation | | |
| DOCUMENT NUMBER: F060000 | 004729 | | |
| The enclosed Articles of Correction and | At the second se | | |
| Please return all correspondence conce | rning this matter to the following: | | |
| Karen Boeker | | | |
| Name of Contact Person | _ | | |
| National Administration Company | | | |
| 16476 Wild Horse Cr | eek Road_ | | |
| Chesterfield, MO 63017 City/State and Zip Code | | | |
| kboeker@natladminco.com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Karen Boeker | at (636) 530-7700 | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following a | umount: | | |
| \$ \$35.00 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | | |
| ☐ \$43.75 Filing Fee & Certified Copy | □ \$52.50 Filing Fee, Certificate of Status & Certified Copy | | |
| 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 | | |



April 4, 2013

KAREN BOEKER NATIONAL ADMINISTRATION COMPANY 16476 WILD HORE CREEK RD CHESTERFIELD, MO 63017

SUBJECT: THE ASSOCIATION OF PROFESSIONALS INC.

Ref. Number: F06000004729

We have received your document for THE ASSOCIATION OF PROFESSIONALS INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

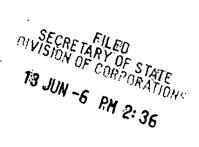
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 213A00007950

Teresa Brown Regulatory Specialist II

www.sunbiz.org





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

| | MUIORDING | | | |
|--|--|--|--|--|
| (Dota: Applicable only during the first calendar year of qualification) | | | | |
| Coreign composition as it appears on the records of the Florida Department of State is: | | | | |
| 1. The name of the SOCIATION OF PROFESSIONALS INC | | | | |
| THE ASSOCIATION OF TRATESOTOTED 2006 and its Florida document 2. This entity was authorized to transact business in Florida on 4/17/2006 and its Florida document | | | | |
| 2. This entity was | 1000004729 | • • | | |
| number is | 6 000004729 as formed under the laws of 1 | lissouri | | |
| number is | | | | |
| 4. The name and ad | ALESS OF CACH OFFICE AND ALL OF THE | Name and Address | | |
| Title: | -artior | Chuck Hansen | | |
| Tille: President D | , (P 6000. | 11527 Mandario Cove Lane | | |
| <u></u> | | Jacksonville FL 32223 | | |
| | | The state of the s | | |
| Secretary 7 | Director | Rob Ellis | | |
| Secretary 1 | <i>/</i> (<i>'</i> | 3512 Pintail Prive S | | |
| | | Jacksonville FL 33250 | | |
| | , | 1 - 00 11- | | |
| Treasurer D | irector | Leroy Miller | | |
| 14 60 Sur El | • | 8834 Goodby's Executive Dr #6 | | |
| • | | Jackson ville, FL 33250 | | |
| | | | | |
| ٠ | • | | | |
| | | | | |
| (Attach additional pages if necessary) | | | | |
| 1 15 | 2110 | Sec/Dir | | |
| HOW! | 16 | Title of person signing | | |
| Signature of an officer or | Hirotor, | FILING FEE 335 | | |
| Typed or printed name of p | erson signing Make checks pr | nyable to Florida Department of State and Mail to: prporations PO Box 6327 Tallahassee, FL 32314 | | |
| Cabea or brutter person | Division of Co | Thutterious to now one to ununerage to avoid | | |

CR2E127 (8/08)