

F07000002546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

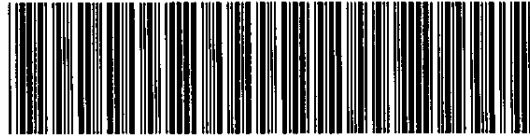
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Native American Services Corp  
Name of Corporation

**DOCUMENT NUMBER:** F07000002546

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:

Kristina Larson

Name of Contact Person

Native American Services Corp

Firm/Company

53285 Silver Valley Road

Address

Kellogg, ID 83837

City/State and Zip Code

kristina.larson@nascousa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Larson

Name of Contact Person

at ( 208 ) 783-0361

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

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

1. The name of the corporation: Native American Services Corp
2. The principal office address: 53285 Silver Valley Road  
Kellogg, ID 83837
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/14/07 Document number: F07000002546

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles Rossi  
767 Blanding Ste. 106  
Orange Park, FL 32065

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

Charles Rossi  
5234 Rainey Ave. E  
P.O. Box NOT acceptable  
Orange Park, FL 32065

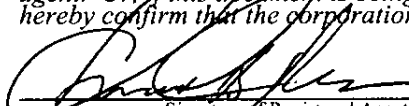
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Rick Luna, CFO  
\_\_\_\_\_  
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

5/8/15

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Charles Rossi

\_\_\_\_\_  
Typed or Printed Name

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