

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

FRONTIER FINANCE INC.

Certificate of Status	0
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Page Count	02
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Help

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

	-			607.1508, or 617.15	·	lutes,
this statement of Missouri	• -	•	_	ized under the laws o	,	 .
	in order	to change its re	gistered office	e or registered agent,	, or both, in the	State
of Florida. 1. The name of	the corporation:	FRONTIER FIN	NANCE INC.		The state of the s	- 1
				L Louis, MO 63141	PSE C	2.
					7	2 1
3. The mailing	address (if differ	rent):			70, 70 10, 70, 10	30
		····				ناع <u>دور ت</u>
4. Date of incom	rporation/qualifi	cation:4/1/200	08	_Document number:	F08000001459	30 m
	d street address artment of State:	of the current rep	gistered agent	and registered office	on file with the	4°,
	CORPORATIO	N SERVICE COI	MPANY			
	1201 HAYS S	TREET				
	TALLAHASSE	E FL 32301-2525				
6. The name a changed):	nd street addres		gistered agent	(if changed) and /or	r registered offic	e (if
	1203 Governors	s Square Blvd, Su	uite 101		'' ' 	
		(P.O. Box or person	nal mailbox NOT ac	ceptable)		
	Tallahassee, Fl	orida 32301-2960	0			
The street addragent, as change	ess of its registe ed will be ident	red office and thical.	he street addre	ess of the business of	Fice of its registe	ered
Such change wauthorized by t	as authorized by he board, or the	resolution duly corporation has	adopted by it been notified	s board of directors of in writing of the cha	or by an officer s inge.	30
	r, chairman or vice chai		Kent Lo	hmann, President		
I hereby accept I further agree performance of registered ager	t the appointmen to comply with f my duties, and nt. Or. if this do	nt as registered e the provisions of I am familiar wi cument is beine	un ana accepi filed merely i	ee to act in this capa ee to act in this capa elative to the proper t the obligation of my o reflect a change in notified in writing	city. and complete position as the registered	
	Mhir			10-13-08 (Date)		
•	Signature of Registered	Agent)		(Date)		
If signing on behal Mark Williams	lf of an entity:		AVP			
	Typed or Printed Name		AVE	(Capacity)		
,	- 11 c concent transfe		G FEE: \$35.0			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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