F/000001041

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
!





800227003248



800227003248 04/04/12--01015--021 **35.00



BR 4/5/12

COVER LETTER

Amendment Section Division of Corporations

SUBJECT:	National Property In	nspections, Inc.
	Name of C	orporation
DOCUMENT NUMBE	R:F100	000001041
The enclosed Statement	of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all correspo	ndence concerning this matter	r to the following:
	Terry L.	Wilson ntact Person
	Name of Cor	ntact Person
	National Property Firm/Co	Inspections, Inc.
	1200	
	9375 Burt Stre	eet-Suite 201
_	Addi	ress
		,
	Omaha, N	IE 68114 ad Zip Code
	City/State an	ad Zip Code
	terry.wilson@r	npiweb.com
E-ma	il address: (to be used for fi	uture annual report notification)
For further information e	oncerning this matter, please c	all:
Terry	L. Wilson	at (402) 333-9807 x 31 Area Code & Daytime Telephone Number
Name of (Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 chec	k made payable to the Departi	ment of State
	a made payaote to me Bepara	ment of State.
N	Tailing Address:	Street Address:
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	.O. Box 6327	Clifton Building
ľ	allahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Nebraska
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: National Property Inspections, Inc.
2. The principal	office address: 9375 Burt Street-Suite 201, Omaha, NE 68114
3. The mailing a	address (if different): Same
4. Date of incorp	poration/qualification: 2/19/1987 Document number: F10000001041
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	CT Corporation System
	1200 South Pine Island Road
	Planation, FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Anthony Marino
	1666 Lady Mary Drive
	P.O. Box NOT acceptable Clearwater, FL 33756
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Lolard Signatur	Roland Bates President Fronted or typed name and title
I hereby accept I further agree to of my duties, and document is bein Opporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Link	ature of Registered Agent 3/3/2 Date
If signing on bel	nalf of an entity:
Ty	ped 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