

F93000003417

Requestor's Name
 10 Harbor Street
 Address
 Dandlers, MA 01923
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

000002926340--7
 -07/08/99--01056--010
 *****35.00 *****35.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 99 JUL -8 AM 8:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

T. LEWIS JUL 14 1999.

Examiner's Initials	
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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, the undersigned corporation organized under the laws of the State of Massachusetts submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: North American Family Institute, Inc.

2. The mailing address of the corporation is: 10 Harbor Street
Danvers, MA 01923

3. Date of incorporation/qualification: 5/23/86 Document number: F93000003417

4. The name and address of the current registered agent and office:
George Ralph Miller
105 East Nelson Avenue - P.O. Box 687
DeFuniak Springs, FL 32433

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Thomas J. Jarlock
1101 Forrest Lake Terrace
Niceville, FL 32578

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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.

Hildegarde Paris (Signature of an officer, chairman or vice chairman of the board) 6/29/99 (Date)

Hildegarde Paris (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature] (Signature of Registered Agent) 7-6-99 (Date)

If signing on behalf of an entity:
Thomas Jarlock (Typed or Printed Name) Regional Director (Capacity)

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