

F93000003417

Requester's Name



NAFI/NFI

10 Harbor Street
Danvers, MA 01923

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

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-12/05/00--01009--014
*****35.00 *****35.00

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

01 JAN 19 PM 3:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initial

AC 1-22-01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 8, 2000

NAFI/NFI
10 HARBOR ST.
DANVERS, MA 01923

SUBJECT: NORTH AMERICAN FAMILY INSTITUTE, INC.
Ref. Number: F93000003417

We have received your document for NORTH AMERICAN FAMILY INSTITUTE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign this 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) 487-6908.

Anna Chesnut
Corporate Specialist

Letter Number: 900A00062250

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 : North American Family Institute, Inc.

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

3. Date of incorporation/qualification: 5/23/86 Document number: 693000003417

4. The name and address of the current registered agent and office:

Thomas J. Jarlock
1101 Forrest Lake Terrace
Niceville, FL 32578

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Thomas J. Jarlock
1400 30th Street
Niceville, FL 32578

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

1/12/00
(Date)

Thomas J. Jarlock
(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] 1-3-01
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

THOMAS J. JARLOCK Regional Director
(Typed or Printed Name) (Capacity)

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