

F93000003417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

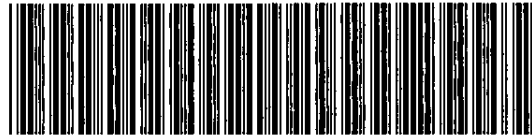
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR - 3 AM 9: 54

MAR 8 2016
C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North American Family Institute, Inc.
Name of Corporation

DOCUMENT NUMBER: F93000003417

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:

Pamela Rocha
Name of Contact Person
North American Family Institute, Inc.
Firm/Company
90 Maple Street, Unit 2
Address
Stoneham, Massachusetts 02180
City/State and Zip Code
PamelaRocha@nafi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Rocha at (978) 882-4868
Name of Contact Person 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 Massachusetts 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 principal office address: 90 Maple Street, Unit 2 Stoneham MA 02180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/23/1986 Document number: F93000003417
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)

Vicky Donaldson
3328 NE Colin Kelly Highway
Madison, Florida 32340

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

Monti Sommer
5330 Creekmur Drive
Lakeland, Florida 33812

P.O. Box NOT acceptable

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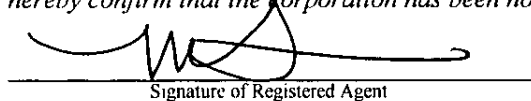
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Hildegard Paris, Treasurer
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

3/1/16
Date

If signing on behalf of an entity:

Monti Sommer
Typed 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
CR2E045 (03/12)