

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	:

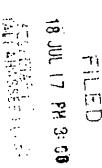
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COVER LETTER

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, MA 02180 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Rocha
Name of Contact Person

Name of Contact Person

at (978) 882-4868
Area Code & Daytime Telephone Number

Enclosed is a \$35,00 check made payable to the Department of State.

pamelarocha@nafi.com

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

$\boldsymbol{\simeq}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 697-0502, 617-0502, 607-1508, or 617-1508. Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{M_0}{2}$	assachusetts	
m orde	er to change its registered office or registered agent, or both, in the State of Flo	าหล่ล	
1. The name of t	the corporation. North American Family Institute, Inc.		
2 The principal	Loffice address: 90 Maple Street, Unit 2 Stoneham MA 02180		
3. The mailing a	address (if different):		
4. Date of incorp	rporation/qualification: 05/23/1986 ما 1986/75/70 Document number: F93000	003417	
	id street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	n the	
	Monti Sommer		
	5330 Creekmur Drive	<i>₹</i> 200 ₹	
	Lakeland, Florida 33812	18 JUL 17	71
6. The name and (if changed):	id street address of the new registered agent (if changed) and /or registered offic	70	FILED
	Cristy Clark	ු දු	
	24519 SW Kingsway Cir	Ø	
	P.O. Box. NOT acceptable		
	Lake Suzy, Florida 34269		
The street address changed will	ress of its registered office and the street address of the business office of its I be identical.	registered ago	ent.
Such change wa	as authorized by resolution duly adopted by its board of directors or by an of he board, or the corporation has been notified in writing of the change.		
Hem	Pamela Rocha, Treasure		
I hereby accept I nirther agree i performance of agent Or, if the	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comp i my duties, and I am familiar with and accept the obligation of my position on some is being filed merely to reflect a change in the registered office in that the corporation has been notified in writing of this change. A	dete as registered	
If signing on be	chalf of an entity		
Cristy Clark	<u>k</u>		
	Exped or Printed Name		

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