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## F95000000880

Premier Cornerate Services Inc. (Requestor's Name)					
200 W Adam St (Address)					
Ste 2007					
Ste 2007 (Address)					
Chicago II lottoto (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
· , ,					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

R.A. Charge C.COULLIETTE OCT 162008

**EXAMINER** 

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

statement of cha	nge is submitted for a corporation orgar	02, 607.1508, or 617.1508, Florida Statutes nized under the laws of the State of TN ered agent, or both, in the State of Florida.		-	
1. The name of	the corporation: Freeman Webb Com	pany, Realtors			
2. The principal	office address: 555 Great Circle Road	, Suite 100	<del> </del>		
	Tennessee 37228-1310		_		
3. The mailing a	ddress (if different):				<del></del>
4. Date of incorp	poration/qualification: 02/22/1995	Document number: F95000000	880		
5. The name and		gent and registered office on file with the			
	CT Corporation System		TAT 3SE	0	
	1200 South Pine Island Road		CRE	08 OCT -9	أأشعت
	Plantation, FL 33324		TAR ASS	7-9	Escan sparse
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered office		를 9:	
	NRAI Services, Inc.		æ≽∵.	<u></u>	*****
	2731 Executive Park Drive		<b>D</b>		
	(P.O. Box NOT acceptable	)			
	Weston, FL 33331				
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its regis	stered ager	ıt,	
Such change wa authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an office of the change.	r so		
	ure of an officer os (Arector)	Kent A. Burns, Vice-President		-	
I further arres	the appointment as registered agent at to comply with the provisions of all sta and I am familiar with and accept the ob- ing filed merely to reflect a change in the been notified in writing of this change	nd agree to act in this capacity tutes relative to the proper and complete ligation of my position as registered ager he registered office address, I hereby con t.	performar it. Or, if ti firm that ti	ice his he	
/h	mehned	10/3/08		<del>-</del>	
If signing on be	gnature of Registered Agents  thalf of an entity:	(Date)			
	el-Assistant Secretary Typed or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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