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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Direct General Finan	cial Services. Inc.		
SUBJECT:		Corporation)	· -	
DOCUMENT NUM	BER:F970	000005759		
The enclosed Stateme	ent of Change of Registered Offic	ce/Agent and fee are submitted for fi	iling.	
Please return all corre	espondence concerning this matte	er to the following:		
	Sabrina ī	Tillapaugh		
_	(Name of C	ontact Person)	•	
US CorpWorks Inc.				
(Firm/Company)				
	00 B #	A		
23 Butler Avenue (Address)				
	•	,		
	20: 70:	MAYNAD, MA D	1754	
For further information	on concerning this matter, please	call:		
Sa (Nam	brina Tillapaugh e of Contact Person)	at (888) 967. (Area Code & Daytime Tele	.5799 ephone Number)	
	check made payable to the Depa			
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporation	ons	
	P.O. Box 6327	Clifton Building	r Circle	

Tallahassee, FL 32301

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

statement of chan	ge is submitted for a c	corporation organized under the laws of the State of Tennessee
		ed office or registered agent, or both, in the State of Florida. Direct General Financial Services, Inc.
	e corporation:	1281 Murfeesboro Road, Nashville, TN 37217
	dress (if different):	
4. Date of incorpo	oration/qualification:	10/31/1997 Document number: F97000005759
5. The name and s Florida Departr	street address of the conent of State:	urrent registered agent and registered office on file with the
, _	C	CT Corporation System
_	120	0 South Pine Island Road
_		Plantation, FL 33324
6. The name and s (if changed):	street address of the ne	ew registered agent (if changed) and /or registered office
-		NRAI Services, Inc.
_		Executive Park Drive, Suite 4
	(P.	O. Box NOT acceptable) Weston, FL 33331
The street addres as changed will b	s of its registered off e identical.	ice and the street address of the business office of its registered agent,
Such change was authorized by the	authorized by resolution board, or the corpor	ution duly adopted by its board of directors or by an officer so ration has been notified in writing of the change.
Abrilla (Signature	of an officer or director)	Sabrina Tillapaugh, Vice President (Printed or typed name and titte)
I hereby accept the surface of I further agree to of my duties, and document is bein corporation has be	he appointment as re comply with the pro I am familiar with a g filed merely to refle been notified in writi	gistered agent and agree to act in this capacity, wisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this ect a change in the registered office address, I hereby confirm that the ng of this change.
Sahrya	All of ature of Registered Assent)	04/12/04 (Date)
If signing on beh		,——,,
	apaugh, Asst. Se	ecretary

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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