

F97000006882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

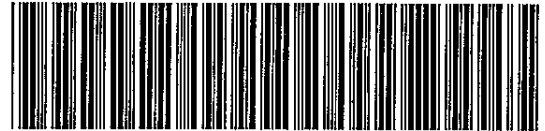
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# National Document Filing & Retrieval, Inc.

There's a lot in a name...

July 14, 2004

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Associated Creditors Exchange, Inc.

Dear Sir/Madam:

Attached are the necessary form(s) and check(s) to change the registered agent and office for the above corporation(s) to National Registered Agents, Inc.

Please file and return a stamped filed copy to my attention in the attached self-address stamped envelope.

If you have any questions, please do not hesitate to contact me at 800-829-5578.

Sincerely,

Melinda Pierce

Enclosures



## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Associated Creditors Exchange, Inc.

(Name of corporation)

**DOCUMENT NUMBER:** F970000006882

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:

Melanie TabEEK

(Name of person)

National Document Filing & Retrieval, Inc.

(Name of firm/company)

2601 N 3rd Street, Suite 202

(Address)

Phoenix, AZ 85004

(City/state and zip code)

For further information concerning this matter, please call:

Melanie TabEEK

(Name of person)

at ( 602 ) 274-5578

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 Arizona in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Associated Creditors Exchange, Inc.
2. The principal office address: 3443 N Central Ave., Suite 1100, Phoenix, AZ 85012
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/29/1997 Document number: F97000006882

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301-2525

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

NRAI Services, Inc.

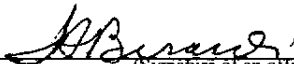
526 E. Park Avenue

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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)

Joseph A. Berardi, President

(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.*

NRAI Services, Inc.

by:   
(Signature of Registered Agent)

June 28 2004

(Date)

If signing on behalf of an entity:

Melanie Tabek

(Typed or Printed Name)

Assistant Secretary

(Capacity)

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

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

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