F98000001490

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RA address Chg.
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	NationAir Insurance Agencies, Inc.							
(Name of corporation)								
DOCUMENT NUMBER:	F98000001490							
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:								
•	•							
	William Schroed	ler						
	(Name of contact	person)						
NationAir Insurance Agencies, Inc.								
	(Firm/Comp							
	595 Bell Aver	uue						
	(Address							
	·							
	Chesterfield, MO	63005						
	(City/state and z							
For further information concerning this matter, please call:								
For further information concerns	ng mis matter, please can:							
William Schro	eder ,	nt (636) 532-8801						
(Name of contac	person)	(Area code & daytime telephone number)						
Enclosed is a \$35.00 check mad	e payable to the Departmen	nt of State.						
<u>Mailing</u>	Address:	Street Address: Amendment Section						
Amendi	ment Section	Amendment Section Division of Corporations						
P.O. Bo	n of Corporations ex 6327	Division of Corporations 409 E. Gaines Street						
Tallaha	ssee, FL 32314	Tallahassee, FL 32399						

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

statement of cha	provisions of sections b inge is submitted for a c er to change its register	corporation organize	ed under the l	aws oj	the State	of Missour		
	the corporation:	NationAir Insuranc			the State	e of Fioriaa.	超	OH OC
	office address:	595 Bell Avenue,	Chesterfield,	МО	63005	· · · · · · · · · · · · · · · · · · ·	基	2
3. The mailing a	address (if different):						SEE	公司
4. Date of incorp	poration/qualification:	12/1979	Document	t numl	oer:	F98000001	490	Br.
	d street address of the criment of State:	urrent registered age	nt and register	red of	fice on fi	le with the		
	Peter Torell					-		
	700 S. Babcock Stree	et - Suite 400	-		± <u>6</u> **			
	Melbourne, FL 329			·		;		
6. The name and (if changed):	d street address of the n	ew registered agent		nd /or	registere	ed office		
	Peter Torell							
	200 South Harbor Ci	ty Blvd - Suite 301 O. Box NOT acceptable)	1					
	Melbourne, FL 329	01				<u> </u>		
The street address changed will	ess of its registered off	fice and the street ac	ddress of the	busine	ess office	of its regist	ered ag	gent,
_	as authorized by resolute board, on the corpor							
_Will	ure of an other of director)	<u>l</u>	Willia	m Scł	roeder,	Secretary		 .
I hereby accept I further agree of my duties, ar document is be corparation ha	t the appointment as re to comply with the pro nd I an familiar with a ine filed merely to refl s been notified in writi	egistered agent and wisions of all statut and accept the oblig ect a change in the ing of this change.	agree to act i es relative to ation of my p registered off	in this the pr ositio fice ac	capacit roper an n as regi ldress, I	y. d complete t istered agent hereby confi	erform : Or, i irm tha	iance f this t the
	gnature of Registered Agent)		10/	26/	Dy Date)			
	ehalf of an entity:			,	(2000)			
	Peter Torell							
	Typed or Printed Name)							

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