

F98000001490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

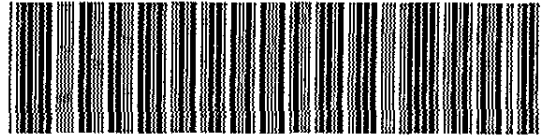
(Business Entity Name)

(Document Number)

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1/3 2/28/03
12/1/00

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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 Schroeder

(Name of person)

NationAir Insurance Agencies, Inc.

(Name of firm/company)

18380 Edison Avenue

(Address)

Chesterfield, MO 63005

(City/state and zip code)

For further information concerning this matter, please call:

Diane Gamby

(Name of person)

at (630)

584-7552

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

1. The name of the corporation: NationAir Insurance Agencies, Inc.
2. The principal office address: 18380 Edison Avenue
Chesterfield, MO 63005
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/11/79 Document number: F98000001590
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

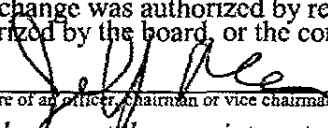
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Peter Torell
700 S. Babcock, Suite 400
(P.O. Box or personal mailbox NOT acceptable)
Melbourne, FL 32901-1472

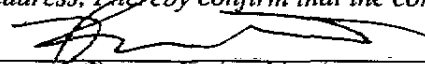
The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

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, chairman or vice chairman of the board)

Jeffrey Bauer 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.*


(Signature of Registered Agent)

2-12-03
(Date)

If signing on behalf of an entity:

NationAir Insurance Agencies, Inc.
(Typed or Printed Name)

Manager
(Capacity)

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

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