M97000000 138

(Re	equestor's Name)	
(Ad	idress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
	•	
(Cit	y/State/Zip/Phone	∌ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
		47.4
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Office Use Only



700030717467

03/31/04--01031--012 **25.00

O4 MAR 31 PM 1:37





VIA U.S. MAIL

March 29, 2004

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee FL 32314

RE: Centerpoint Financial Services, LLC

Dear Sir/Madam:

Enclosed for filing, please find the appropriate document required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$25.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

CHARLES BACLET AND ASSOCIATES, INC.

Terry Tarwater

Enclosures

SECTION OF SECTIONS OF SECTION

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	CENTERPOINT FINANCIAL SERVICES, LLC
2. The mailing address of the limited liability co	
Fresno, CA 93711	
March 18, 1997	M9700000138
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the records of the
C T Corporation System	1 .
	Name Egg 0
1200 South Pine Island	Road
	Road Address State and Zip
Plantation, FL 33324	State and Zip
City,	State and Zip
6. The name and address of the new registered ag	zent and/or ornice.
NRAI Services, Inc.	
1	Name
526 E. Park Avenue	
Florida street address	s (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, S	tate and Zip
confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability company.	<u> </u>
(Signature of a member or authorized representative of a member	r)
Wendy C. Freeman, Manager	
(Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or if this document is being faddress, I hereby confirm that the limited liability NRAI Services. Inc. (Signature of Registered Agent)	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.
Paul J. Hagan, Assistant Secretary	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)