## PDD00011166

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
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Certified Copies Certificates of Statu	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE AS DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amend Division	lment Section on of Corporations			
SUBJECT: N	ations Funding Source, Inc. (Name of Corp	oration)		
DOCUMENT	NUMBER: P00000117166			
The enclosed S	tatement of Change of Registered Office/A	gent and fee are submitted for filing.		
Please return al	I correspondence concerning this matter to	the following:		
		,		
	Lisa A. Lesser			
(Name of Contact Person)				
Regulatory Counsel Group, Inc.				
	(Firm/Comp	oany)		
	202.411			
,	800 Abbey Court (Address			
•	(Address	s)		
	Alpharetta, GA 30004	•		
(City/State and Zip Code)				
For further info	rmation concerning this matter, please call	:		
	Lisa A. Lesser (Name of Contact Person)	at ( 770 ) 992-7779 (Area Code & Daytime Telephone Number)		
Enclosed is a \$.	35.00 check made payable to the Departme	nt of State.		
·	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

statement of change is submitted	for a corporation organized	17.1308, or 617.1308, Florida Statute. under the laws of the State of <u>GA</u> agent, or both, in the State of Florida.	
1. The name of the corporation:	Nations Funding Source,	Inc.	
2. The principal office address: 2	200 West Commercial Blvd.,	Ste 103	
Ft. Lauderdale, FL 33309			
3. The mailing address (if different	nt):		
4. Date of incorporation/qualifica	ition: 12/26/2000	Document number: P00000117	166
5. The name and street address of Florida Department of State:	the current registered agent	and registered office on file with the	
Sookrani S.	Narain		,,,
2001 N. Oce	an Blvd.		OT N
Fort Laudero	dale, FL 33305		ON 13
6. The name and street address of (if changed):	the new registered agent (if	changed) and /or registered office	OT NOV 13 PH 2: 10
NRAI Serv	ices, Inc.		: 10
2731 Exec	cutive Park Drive, Su	iite 4	~
	(P.O. Box NOT acceptable)		
Weston, I	FL 33331		
The street address of its register as changed will be identical.	ed office and the street add	ress of the business office of its regis	stered agent,
Such change was authorized by authorized by the board, or the	resolution duly adopted by corporation has been notifie	its board of directors or by an office d in writing of the change.	er so
(Signature of an opticer or dire	<del></del>	ookranai S. Narain, President/Secreta (Printed or typed name and title)	ry/Director
I hereby accept the appointmen. I further agree to comply with the form of my duties, and I am familiar document is being filed merely a corporation has been motified in (Signature of Registered).	he provisions of all statutes with and accept the obligation to reflect a change in the reflect a writing of this change.	ree to act in this capacity. relative to the proper and complete ion of my position as registered ages gistered office address, I hereby con  [Date]	performance nt. Or, if this firm that the
If signing on behalf of an entity	:		
Scott Scher, Assistant Se	<del></del>		•

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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