P05000010730

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





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SECRETARY OF STATE
ALLAHASSEE FI OBIOA

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COVER LETTER

Division of Corporations	
SUBJECT: GM FINA (Name of	NCIA Services Grou
DOCUMENT NUMBER: PO500	10010730
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
MAR (Name of C	Quardino Contact Person)
JM F	nan ceal
544 Po	ot Lane
Somerse	## 1108873 and Zip Code)
For further information concerning this matter, pleas	e call:
	at (917) 494 2557 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Dep	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
Cha F
1. The name of the corporation: 6 11 1 Mancial Ferrices Shru
2. The principal office address: /// Chael Sharling
DDDDDDDDD
3. The mailing address (if different): Let Ray Deach Houla 334
10 25 DOCO 1072
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: 1200 North Federal Highway 1200 Poor what for the state 1200 Poor what for the
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Managed: Man
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) (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) 5/04/06 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * FILING FEE: \$35.00 * * * \$ \$ \$ \$ \$ \$ \$ \$ \$
Make checks payable to Florida Department of State (S) Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl=32314

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