## POS 000075888

(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			
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## **COVER LETTER**

TO: Amend Division	dment Section on of Corporations		
SUBJECT: N	North Atlantic Financial Corporation (Name of Corporation)		
DOCUMENT	NUMBER: P05000075888		
The enclosed S	Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return a	all correspondence concerning this matter to the following:		
	Andres Ivan Mancuso (Name of Contact Person)		
North Atlantic Financial Corporation (Firm/Company)			
	3345 Paisley Circle (Address)		
	Orlando, Florida 32817 (City/State and Zip Code)		
For further info	ormation concerning this matter, please call:		
Stephen Sil	vestro at (619 ) 990-4741 (Name of Contact Person) (Area Code & Daytime Telephone Number)	_	
Enclosed is a \$	\$35.00 check made payable to the Department of State.		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of chan	ge is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Florida		
	to change its registered office or registere			
	e corporation: North Atlantic Financia			
2. The principal o	ffice address: 3345 Paisley Circle O	mando, FL 32017		
3. The mailing ad	dress (if different): same as above			
4. Date of incorpo	oration/qualification: May 24, 2005	Document number: P05000075888		
5. The name and s Florida Departs	street address of the current registered age nent of State:	ent and registered office on file with the		
<u>,</u>	Andres Ivan Mancuso			
	9316 Dubois Blvd			
<u> </u>	Orlando, FL 32825		5 0C	
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	05 OCT -7 ANII: O4	
<u>-</u>	Andres Ivan Mancuso			
<u>:</u>	3345 Paisley Circle		<b>10</b>	
1	(PO. Box NOT acceptable) Orlando, FL 32817			
The street addres	s of its registered office and the street a	ddress of the business office of its registered	l agent,	
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.		
(Sığnatur	e of an officer or director)	Stephen L. Silvestro Director/CEO (Printed or typed name and title)	<u>)</u>	
I hereby accept to I further agree to of my duties, and document is being corporation has	he appointment as registered agent and be comply with the provisions of all status I am familiar with and accept the oblig filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perfo gation of my position as registered agent. Of registered office address, I hereby confirm t	ormance r, if this that the	
_ Chala	a Mour	10/7/05		
*	nature of Registered Agent)	(Date)		
If signing on bel	all of an entity:			
(T)	ped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALEAHASSEE, FL 32314 CR2E045 (8/05)

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