## P09000039329

(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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(Document Number)						
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SECRETARY OF STATE
AHASSEF FIORIO

R-A. Charge C.COULLIETTE MAY 21 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Amendme Division o	nt Section f Corporations					
SUBJECT: National Pre-Litigation Services, Inc.  Name of Corporation							
DOCU	MENT NU	MBER:	P090000	39329			
The end	closed State	ement of Change of Regis	stered Office/Age	nt and fee are submi	tted for filing.		
Please	return all co	orrespondence concerning	g this matter to th	e following:	-		
			Deni Kent				
		1	Name of Contact 1	Person			
Tax Freedom Alliance, Inc.							
		· · · · · · · · · · · · · · · · · · ·	Firm/Compar				
		2222		0, 050			
		6600	N Andrews Ave Address	e, Ste. 250			
			11441055				
		Ft.	Lauderdale, Fl	_ 33309			
City/State and Zip Code							
		tenille@	taxfreedomall	iance.com			
	_	E-mail address: (to be			fication)		
For fur	ther inform	ation concerning this mat	tter, please call:				
		Tenille Hosten	at (	954	972-3004		
	Na	me of Contact Person		Area Code & Dayti	972-3004 Ime Telephone Number		
Enclose	ed is a \$35.0	00 check made payable to	o the Department	of State.			
		Mailing Address: Amendment Secti Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Street Address Amendment School Division of Colifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng re Center Circle		

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora ir to change its registered offic	tion organized	l under the laws of the Stat	e of Florida			
1. The name of	the corporation: National F	Pre-Litigati	ion Services, Inc				
2. The principal	office address: 5571 N. Uni	iversity Dr.	Ste 203				
Coral Spri	ngs, FL 33067						
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 05/	/01/2009	Document number:	P09000039329			
	I street address of the current re tment of State: (If resigned, en		t and registered office on fi	ile with the			
	Robin Krasny						
	7821 N.W. 47th Street						
	Lauderhill, FL 33065			991 SEC			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Jill Katz						
	5571 N University Dr. #			SIA -			
	Coral Springs, FL 3306	P.O. Box NOT acc	eptable	TO F			
The street address changed will	ess of its registered office and be identical.	the street add	lress of the business office	e of its registered agent,			
Such change wanthonized by	as authorized by resolution du ne board, or the corporation h	ıly adopted by as been notifi	its board of directors or led in writing of the chang	by an officer so e.			
	re of an officer of affector		Printed or typed name				
I hereby accept I further agree of my duties, ar document is ba corporation ha	the appointment as registere to comply with the provisions ad I am familiar with and acco ng filed merely to reflect a ch s been notified in writing of th	d agent and a of all statutes ept the obligat tange in the re tis change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the			
	nature of Registered Agent		5.7.00				
	chalf of an entity:		Date				
Т	yped or Printed Name						

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