

P17239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

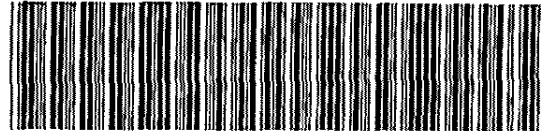
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000033198780

04/27/04--01068--001 **35.00

FILED
04 APR 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change
5/4/04
DC



FILING REQUEST

April 23, 2004

FLORIDA SECRETARY OF STATE

| | |
|--------------------------|--|
| <i>Type of Filing:</i> | CHANGE OF AGENT |
| <i>Subject(s):</i> | L.R. MOURNING CO., INC. |
| <i>Form(s) Enclosed:</i> | STATEMENT OF CHANGE OF REISTERED AGENT |

| | |
|--------------------------------|--------------------------|
| <i>Supporting Document(s):</i> | NONE |
| <i>Check Enclosed:</i> | CHECK #14905 FOR \$35.00 |
| <i>Return Via:</i> | REGULAR MAIL |
| <i>Filing Method:</i> | ASAP |

PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

Sue Brodtmann

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 of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: L.R. Mourning Co., Inc.
2. The principal office address: 2230 Cottondale Lane, Suite 5, Little Rock, AR 72202
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/16/1987 Document number: P17239

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:


CT Corporation System
1200 S Pine Island Road
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

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.

 L.R. Mourning, President
(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.

NRAI Services, Inc.
by: Melissa Hobbs 04/23/04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Melissa Hobbs Assistant Secretary
(Typed or Printed Name) (Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
04 APR 27 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA